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ABSTRACT

Following the passage of the Violent Crime Control and Law Enforcement Act, a Senate hearing was held to examine whether the prescriptions set forth in the Act could function and how they could be implemented as part of the U.S. government's drug strategy. This transcript of the hearing contains statements (in order) by: Senators Joseph R. Biden and Orrin G. Hatch; Lee P. Brown, Office of National Drug Control Policy; a panel consisting of Robert L. Smith, Department of Public Safety, Tampa, Florida, Robert L. Allen, community activist, Tampa, Claire McCaskill, Kansas City Missouri county prosecutor and vice president of the National Association of Drug Court Professionals, and John Ratelle, correctional facility warden in San Diego, California; and John P. Walters, Office of National Drug Control Policy. An appendix provides questions from two senators to Lee P. Brown and his responses, questions from Senator Biden to three others present and their responses, and a letter to Senator Biden from a professor of criminal justice. (LSR)

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S. HRG. 103–1085

COMBATING DRUGS IN AMERICA: PUTTING THE DRUG STRATEGY INTO ACTION

ED 403 507

HEARING

BEFORE THE

COMMITTEE ON THE JUDICIARY UNITED STATES SENATE

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

ON

EXAMINING THE ADMINISTRATION'S DRUG STRATEGY AND HOW IT RELATES TO THE VIOLENT CRIME CONTROL AND LAW ENFORCEMENT ACT (PUBLIC LAW 103–322)

OCTOBER 5, 1994

Serial No. J–103–74

Printed for the use of the Committee on the Judiciary

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COMBATING DRUGS IN AMERICA: PUTTING THE DRUG STRATEGY INTO ACTION

WEDNESDAY, OCTOBER 5, 1994

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
Washington, DC.

The committee met, pursuant to notice, at 10:30 a.m., in room SD–226, Dirksen Senate Office Building, Hon. Joseph R. Biden, Jr. (chairman of the committee), presiding.

Also present: Senators DeConcini, Hatch, Grassley, and Pressler.

OPENING STATEMENT OF HON. JOSEPH R. BIDEN, JR., A U.S. SENATOR FROM THE STATE OF DELAWARE

The CHAIRMAN. The committee will come to order.

Earlier this year, I issued my fifth report on America's national drug strategy, and in that report, as in those preceding it, I offered what some have characterized as an ambitious agenda for Congress and this administration. I called for more police to fight street-level drug trade, as they do in many cities and towns, with the proven tactic this time of community policing.

I called for more drug treatment throughout the Criminal Justice System, drug courts for offenders now on probation or parole, and drug treatment for those who are already behind bars. I called for more resources to punish drug criminals, cost-effective military-style boot camps for nonviolent drug-addicted offenders, and secure prisons for violent criminals. I called for an investment in prevention and education programs that can steer our children away from crime and drugs before they get started.

With the passage of the Violent Crime Control and Law Enforcement Act of 1994 about 3 weeks ago, nearly every one of those prescriptions has been filled. Now, the question is can they function and can they be implemented.

The new law offers, I believe, significant new tools in the fight against illegal drugs and related crime. It addresses each of the substantive goals identified by drug policy experts over many years of study and called for in the first alternative drug strategies I issued 5 years ago, as well now by the Clinton administration.

As a result, today's hearing confronts a question that is as hopeful as it is difficult to answer. How are the State and local authorities who have jurisdiction over 95 percent of all drug crime to make the greatest and best use of the crime law's unprecedented 6-year commitment of $28 billion in Federal money?

Before opening this discussion, though, let's all remember just how far we have come since the release of President Bush's and Di-

rector William Bennett's first drug strategy in September of 1989, more than 5 years ago.

Their first drug strategy sought a total of $350 million in Federal aid to State and local law enforcement.

The first drug strategy I offered in January of 1990 called for $1 billion in aid to State and local law enforcement, a very controversial view at the time. To the credit of many, a consensus has been reached in the intervening 5 years, a consensus that begins with agreement that the Federal Government must provide significant assistance to State and local drug fighters. That is why the crime bill provides nearly $28 billion to the State and local level directly.

The crime bill acknowledges that drug-related crime, like most kinds of crime, is fought primarily at the State and local levels. Focusing on the violence that threatens us today, the new law provides nearly $28 billion to State and local crime and drug fighters in Federal resources.

When the first drug strategy was released in September, 1989, we had a disagreement about the focus of the strategy—whether to target hard-core addicts or to focus on casual users. I recommended a focus on the hard-core addict because they are responsible for most of the drug-related crime and violence. But, I acknowledged at the time that because we had never taken a comprehensive approach to developing a drug strategy, my policy view was untested. In the years since that first strategy, it has become clear that reducing casual drug abuse—which we achieved—did not bring America's drug epidemic under control. This also makes clear that the correct focus on the drug strategy must be to control hard-core addicts.

The crime law that we just passed takes aim at hardcore addicts and all the crime fueled by the drug trade with several practical and proven steps—100,000 more cops over 6 years, who will be deployed in community policing units; another 125,000 prison cells over that period; and drug courts for 600,000 drug-abusing offenders who today walk the streets on probation, not drug-tested, not treated, and facing almost no chance of detection and punishment for returning to drugs.

It is time to put some teeth behind the charge I offered in my first drug strategy when I wrote, "Every hardcore addict must be faced with one of two stark choices, get into treatment or go to jail and get treatment in jail." For at least 600,000 drug-abusing offenders, the crime bill that we passed does exactly that, if implemented properly.

Drug treatment for 350,000 drug-addicted prisoners. Now, every year about 200,000 State drug-addicted prisoners are released after serving the time that the State thinks is sufficient without being treated, contributing to the revolving door cycle of prison, more crime, prison, more crime—a cycle that we have to break.

As Drug Director William Bennett concluded long ago, drug treatment cuts the chances of a return to crime by half, and the crime law will fund treatment for an additional 200,000 of these offenders. I might add that I am extremely disappointed in the Democratically-controlled Congress' response to the request for money for drug treatment, which has been woefully underfunded by this Congress, in my view, to the tune of only $80 million, if my

memory serves me correctly—$70 million—when, in fact, they asked for $360 million.

The crime law also takes aim at the future with tested programs to steer our children away from crime and drugs before they have a chance to get caught in the web. Drug treatment and prevention programs are in the crime bill; treatment and prevention of child abuse, much of which is tied to the abuse of drugs; safe haven programs that provide academic and recreational programs for children after school for the tens of millions of latchkey children we have out there, and over the summer and during holidays, keeping children away from the pervasive allure of drugs; early intervention teams of police, social workers, educators, and doctors intervening together in the young lives of juvenile victims and offenders; sports programs for children in high-crime areas and sports mentoring programs where athletes serve as a positive role model, and counselors for children at risk of gang and drug activity; gang alternatives that give children something positive to belong to, such as Boys and Girls Clubs, scout troops, and little leagues.

Of course, America's drug epidemic has become such a pervasive part of life in America that no law alone, no matter how comprehensive, will remove its grip on America, but the crime law is a major step in translating the consensus national drug strategy from theory to reality. As my grandfather Finnegan used to say, the devil will be in the details, how well we implement it.

Today, I am also releasing a report, "Combating Drugs in America: Putting the Drug Strategy Into Action." This report describes programs funded by the crime law and is meant to serve as an initial, not a complete, an initial guide as we move to implementing the new law.

I have already had meetings with the Justice Department on how they plan on implementing this, and I plan on devoting, quite frankly, the bulk of my effort in this area the next year to dealing with the day-to-day, month-to-month implementation of this crime law.

Today, we will hear from Drug Director Brown and from witnesses now involved in the kinds of programs the crime law supports, success stories of the kind that serve as models for programs in the new law. I welcome all of our witnesses and I look forward to talking about how we can make the crime law work for all Americans and for any constructive criticism they have of the law and what changes we should make. We have two very distinguished panels to follow Dr. Brown and I am looking forward to hearing them.

Now, I yield for an opening statement to my friend from Utah, Senator Hatch.

STATEMENT OF HON. ORRIN G. HATCH, A U.S. SENATOR FROM THE STATE OF UTAH

Senator HATCH. Well, thank you, Mr. Chairman. I would like to commend you for your hard work and your leadership over the years on the important issues involved in crime and drug control. The scourge of crime, and particularly drug-related crime, threatens our young people, our families, our communities, certainly in my home State of Utah, as well as every State in our Nation.

As you know, Mr. Chairman, we agree on many of these issues. We agree that there needs to be more law enforcement officers and prosecutors. We agree that we need greater efforts in fighting rural drug crime. We agree that we need a strong Office of National Drug Control Policy and that our current drug czar needs greater support from this administration.

There are interesting experiments in the crime bill, such as drug courts and community policing, which could yield positive results if properly implemented. I support drug treatment efforts, but I am not sure that focusing on hardcore addicts in prison is the best use of our limited resources, which you have just described. Treating convicts before users in the general population may send the wrong signal about our priorities, especially when these convicts are rewarded with early release, as they are under the crime bill.

Mr. Chairman, although there are areas where we agree, there are other areas where we differ. I do not believe that we need to reduce mandatory minimum sentences for drug traffickers and drug dealers. In fact, I believe we need stronger mandatory sentencing for selling drugs to or with kids.

Congress has done some good things, and it could have done more, particularly in the area of punishment and prisons, to help fight crime and drugs. But, ultimately, Mr. Chairman, the success of the war against crime and drugs rests with our Commander-In-Chief. Sadly, Mr. Chairman, we have not had strong leadership in this fight from President Clinton, and I am not trying to be partisan here.

Through the 1980's and into the 1990's, we saw dramatic reductions in casual drug use, brought about through increased penalties, strong Presidential leadership, and a clear national antidrug message. Casual drug use dropped by more than half between 1977 and 1992.

Under President Clinton's leadership, we are losing ground. Last year's Household Survey on Drug Abuse showed a sharp reversal of the positive trends of the last decade. Use of marijuana, LSD and other drugs is on the rise, and young people are less worried about the dangers of drug use than they were before. I understand this year's survey will show these dangerous trends continuing.

This reversal in positive trends is not surprising in light of the President's record on this issue. President Clinton has abandoned many of the drug war efforts undertaken by his immediate predecessors. He has abandoned the bully pulpit to divisive voices. While President Clinton himself rarely speaks out against drug abuse, his Surgeon General has repeatedly called for serious consideration of drug legalization. The administration even undercut its own publicly stated priorities by privately seeking proposed cuts of $231 million in drug treatment and prevention.

President Clinton has cut Federal efforts to keep drugs from flowing into our cities and States. He ordered or acquiesced in massive reductions in crop eradication and in Defense Department support for interdiction efforts that have been preventing bulk shipments of drugs from reaching American streets. The Clinton administration has injured delicate initiatives with source country governments, such as when it ordered the U.S. military to stop pro-

viding radar tracking of drug-smuggling aircraft to Colombia and Peru.

Having hurt our efforts to stop drugs from arriving here, President Clinton has hamstrung efforts to deal effectively with them once they hit our streets. Upon taking office, President Clinton slashed the staff of the Office of National Drug Control Policy by 80 percent. He sent to Congress a budget that proposed cutting over 1,500 Federal drug prosecutors and investigators, and eliminated proven State and local law enforcement assistance programs. Federal drug crime prosecutions have decreased in each of the last 2 years, and the Clinton Justice Department reversed the practice of requiring prosecutors to charge the most serious offense provable in drug cases, and in others as well.

The Clinton administration claimed it was implementing a so-called, "controlled shift," in Federal drug policy. Instead, it appears to have adopted a reckless abdication drug policy. Such a policy surrenders much of our previous international intelligence efforts to drug cartels, retreats on tough law enforcement, cuts Federal law enforcement personnel to an unprecedented degree, and abandons personal accountability by proposing early release of drug offenders.

President Clinton has promised a great deal to the American people in connection with this crime bill, but our antidrug efforts should not begin and end with the crime bill signing ceremony on the White House lawn. Indeed, we need demonstrable leadership from this administration for those promises to be fulfilled—leadership which, to date, in my opinion, has been tragically deficient.

Having said all that, I want to welcome our witnesses here today. I appreciate, Dr. Brown, the efforts that you are putting forth, and your colleagues, in trying to stem this tide of drugs in our society today. Although I cannot stay, I look forward to reading the statements of each and every one of the witnesses who will appear here today. I wish I could stay.

Last, but not least, I do want to thank our chairman for putting forth the effort to come up with these types of suggestions. His last review was very, very good, his last drug strategy, and I believe this one will be equally as good. I think we are very fortunate to have a Judiciary Committee chairman who is willing to really stand up on this particular issue and prod all of us to do a better job on this issue.

So I wish those in the Government who have this responsibility—I wish you well. I wish we could get more resources to you, and I think both the chairman and I will be dedicated to trying to do so in the future. I just want to thank everybody for participating.

The CHAIRMAN. Thank you very much, Senator.

Dr. Brown, would you please come forward? Dr. Brown, I understand your statement is about 7 or 8 minutes long. We were supposed to have a vote that starts at quarter of. Because we are never certain when the votes are going to occur, why don't you begin? We will give you as much time as you want. We are very interested in what you have to say and we will have a number of questions for you, but I am just indicating ahead of time that there may be an interruption based upon a vote on the Senate floor.

Welcome.

STATEMENT OF LEE P. BROWN, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY, WASHINGTON, DC

Mr. BROWN. Thank you, Mr. Chairman, and members of the committee. Let me just begin by stating for the record my sincere appreciation for the support given to our efforts to deal with drugs and crime by the two Senators that you recognized, Senator DeConcini and Metzenbaum. They have, in my estimation, done a great job in helping this country, and certainly helping my office address the problem.

I also want to express my sincere thanks for the committee's favorable vote for Ms. Rose Ochi, who will be assuming the position of Associate Director for State and local affairs for my office.

I certainly, Mr. Chairman, look forward to reading your report that you are releasing today. It is certainly consistent with what I believe; that is, we must go beyond just the strategy and the laws and make sure we proceed with implementation.

I also appreciate the opportunity to appear before the committee today. As you indicated, I have a longer statement for the record and I will present the one that is much shorter.

I am especially pleased to be able to talk to you today about the President's drug strategy and how it relates to the crime bill recently enacted into law. As you know, I am a former police chief or police commissioner for cities such as Atlanta, Houston, New York, and I am also a past president of the International Association of Chiefs of Police. It is from that background that I know only too well just how critical it is to have passed the crime bill.

As you know, the statistics on drugs and violence can be numbing. The heart of the problem is the hardcore drug users, the users who found overwhelmingly in our urban areas. Drugs affect every town, city, county, and State in this country, and, sadly, nearly every family. Drug use does not occur in a vacuum. Rather, it is accompanied by the lack of opportunity, the lack of hope, poor education, the lack of job training, and those issues are also products primarily of our urban environments. Where there is drug use, we also find crime, domestic violence, AIDS, and poor health.

When I last testified before the Senate Judiciary Committee on February 10 of this year, I presented the administration's first comprehensive National Drug Control Strategy. That strategy challenged our Nation to view the drug problem and its solutions not as a Federal issue, but as a national concern requiring a national plan to empower local communities with the tools and resources to curb drug use and stamp out drug trafficking.

The 1994 National Drug Control Strategy identifies chronic, hardcore drug use as the principal drug problem facing this Nation today. The strategy set a goal of reducing the number of hardcore drug users by 5 percent each year, and proposed to treat 140,000 more hardcore addicts in fiscal year 1995, including an estimated 64,000 hardcore users in the Criminal Justice System. For these users, the strategy sought, and the crime includes, drug courts, drug treatment aftercare programs, and drug testing to offer a compendium services to those involved in the Criminal Justice Sys-

tem. Breaking the cycle of drug use and crime is singularly important to ensuring safe communities.

Your leadership, Mr. Chairman, and that of the committee is to be commended for recognizing and responding to this in the crime bill. The drug strategy proposed that the majority of these people be treated through the $355 million hardcore treatment initiative in the President's fiscal year 1995 budget, and the rest through criminal justice drug treatment in the crime bill.

Congress, however, chose not to authorize, nor to fund, the administration's hardcore drug treatment initiative and approved only $57 million in additional funds for the Substance Abuse Prevention and Treatment Block Grant. This small increase will roughly treat an additional 6,500 heavy users next year—far from what is needed, far from what was requested.

We know that treatment works and that treatment saves money. As recently as last month, probably one of the most comprehensive studies ever taken, a study in California on drug treatment, entitled "Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment," concluded that every dollar invested in drug treatment saves $7 in crime and health care costs.

This committee's commitment to a new and prolonged attack on hardcore drug use through the crime bill is indeed very encouraging. In fact, the crime bill includes the most serious commitment to hardcore drug treatment ever enacted by the Federal Government—$1 billion for drug court programs and $383 million for drug treatment in prisons and jails.

Addicts who commit crime constitute 50 percent of the heavy drug-using population, and more than half of the people arrested test positive for drug use. We must insist, Mr. Chairman, that the approximately 200,000 hardcore drug users released from the Criminal Justice System receive treatment to reduce criminality before they return to the streets.

The Drug Courts Program provides funds to State and local courts willing to give nonviolent drug offenders a simple choice of treatment or jail. Offenders must accept drug treatment services and are monitored and drug-tested by the court. The approximately 25 drug courts operating throughout the country have had considerable success in reducing drug abuse and lowering the rate of recidivism.

The $1 billion, 6-year commitment to this program in the crime bill will enable us to take many more hardcore drug users off the streets and into treatment. The $383 million for drug treatment in prisons and jails creates a drug treatment schedule which will cover all drug-addicted prisoners by the end of fiscal year 1997.

Fully two-thirds of the crime bill's funds go directly to communities for anticrime and antidrug efforts. The bill empowers communities by providing for more security with funds for more police, more prisons, more boot camps, and more reasonable Federal gun policies. The bill provides an unprecedented $7 billion for the prevention programs that directly contribute to the strategy's focus on enabling communities to reduce drug trafficking and drug use with an integrated plan of education, prevention, treatment, and law enforcement.

The crime bill will put 100,000 new police officers on the streets, working with citizens to prevent and solve crimes. Community policing combines an increased police presence with community partnerships to develop strategies for safer neighborhoods. We know that traditional law enforcement provided for more arrests, but that did not close down open-air drug markets and crack houses. The community police partnerships have produced strategies to eliminate crack houses for the long term.

The Clinton administration has already awarded 254 grants to cities across the country to hire more than 2,000 new police officers. The crime bill invests an unprecedented $1.3 billion this year, and $7.5 billion will be available to continue the program for the next 5 years to hire the new 100,000 officers and expand community policing.

In your letter of invitation, you asked me to address ONDCP's expanded authorities included in the reauthorization provisions in the crime bill. I appreciate the confidence that you and Senator DeConcini and Senator Hatch and the committee have placed in ONDCP to carry out its mandate. These new tools will strengthen the role of ONDCP and help achieve our goal to reduce elicit drug use in the United States.

Mr. Chairman, recognizing your key role as the author of the law creating ONDCP, I believe these expanded budget authorities restate Congress' original goal when this office was established some 5 years ago in 1988. These expanded authorities enhance ONDCP's role in developing the Federal drug control budget and ensure that the President's priorities in the National Drug Control Strategy are reflected in the administration's budget proposals. The crime bill conference report confirms this by envisioning close consultation between the Director and the House and Senate Committees on Appropriations when utilizing the budget implementation tools.

In conclusion, Mr. Chairman, the crime bill enhances the Federal Government's efforts to take on chronic, hardcore drug use, and empowers communities to tackle drug abuse and trafficking—fundamental shifts suggested by the President's 1994 National Drug Control Strategy. The unprecedented investments the bill makes in drug courts, community policing, and treatment in the Criminal Justice System give State and local governments the tools and resources they need.

The Clinton administration has already taken many steps to implement the crime bill programs. The President has appointed the Vice President to head the Ounce of Prevention Council. The Attorney General has appointed Associate Attorney General John Schmidt to oversee implementation of the legislation. We have met with mayors, law enforcement organizations, and U.S. attorneys across the country, and a hotline has been established at the Department of Justice to field inquiries.

An administration-wide effort is in process to quickly finalize necessary regulations. Within the next week, the Justice Department will award approximately 300 additional community policing grants to communities whose grants went unfunded last year. By mid-October, an experienced law enforcement executive will be named as director of the Community Policing Program.

As we begin to develop the National Drug Control Strategy for the next fiscal year, our goals and objectives remain the same because our analysis of the problem has not changed. Addressing chronic, hardcore drug use and providing increased access to treatment must be our top priorities. Our goal will be to create alternative ways of achieving the same objectives. In an ever-tightening fiscal climate, we must develop enforcement, treatment, and prevention priorities that Congress will fund.

Mr. Chairman, that concludes my testimony and, when appropriate, I will be very pleased to respond to any questions you may have.

The CHAIRMAN. Well, thank you, Dr. Brown. I will be back, and I believe Senator Grassley will be back after we vote. You know the drill. It will probably take us somewhere between 12 and 15 minutes to get over and vote and be back, and then we will begin the questioning. Thank you.

We will recess until the call of the chair.

[Recess.]

The CHAIRMAN. The hearing will come to order. I apologize to my colleagues for being a few minutes late, but they will understand when I tell them the reason why. Every single Senator on both sides of the aisle, it seems, when I walk to the floor these days asks me about, quote, "their judge," and we are trying to get out here and I apologize for keeping you waiting.

Dr. Brown, let me begin by suggesting to you that it is nice, at least from my perspective, to be in general agreement on strategy as to what we should be pursuing and what focus we should have with an administration. I need not tell you—you and I spoke privately, but for the record much of what we wrote into this crime law, as well as the overall drug strategy that you have presented, as well as the one that we have, is a product of your work when you used to wear a uniform.

I don't know anybody who knows more about the implementation of community policing programs than you do—New York, Houston, to cite two examples. I can't remember what you did in Atlanta, whether that was a case as well.

Let me ask you a couple of questions before I yield to my colleagues. First of all, one of the things that most of us have said and you have been saying from your days as a cop to your days in your present capacity, is that the open-air drug markets have to be shut down. Now, one of the reasons that we wrote into the law that we passed—when I say we, I mean Republicans as well as Democrats, and the administration as well as the Congress—the requirement for 100,000 police officers—the key part is not the 100,000, in my view. The key part was the community policing requirement.

To oversimplify it, the requirement is that in order for a locality to get money to hire local police—and that is what these are; these aren't Federal police. There is no Federal mandate; there is no Federal requirement that they do anything other than match the salary provisions. The only requirement is that if they want to ask for these police officers, their entire department has to be involved in community policing.

They can't take the 2, 5, 10, 500 additional cops they may get and make them community policing and have a force of 7, 20,

1,000, 35,000, 37,000, like New York, and not have them in community policing. So the purpose was to leverage, in effect, the 500,000 police officers that exist in the United States of America—537,000—I don't know the exact number—local police officers and essentially have 635,000 community policing folks.

The reason for this was, from your experience in the past as a chief of police, as a director of public safety, and the various titles you have had, but running the show in these large cities, that you need community policing, in effect, to close these open-air markets. I guess it is theoretically—not theoretically—it is possible to put in, not swat teams, literally, but targeted teams to go in, in the Philadelphias of the world, and the Aromingo Avenues—I don't know what the particular streets are in Houston or New York, but to close down these open-air markets. But then once the cops leave, the open-air market opens again.

Talk to me a minute about the ability to close open-air drug markets and the relationship of community policing to that goal. A, is it important to do that, close those markets, and why? B, what is the best way to do that? Is community policing likely to work, and if so, how?

Mr. BROWN. Mr. Chairman, in Houston, as well as New York City, where we really went full steam ahead in implementing community policing, we did so in great part because of the inability of traditional policing to close the open-air drug markets, and thus not solving the problem.

As you know, one of the major tenets of community policing, or two of the major tenets—one would be the participation of the people, and the other is problem-solving. Let me give just one quick example from Houston. There, we had an area that was called the Stella Link area. In Houston, as it went through its economic depression, literally blocks and blocks of apartment houses were abandoned by the owners. As a result, the drug traffickers took over. People would drive by and buy their drugs and go back to the suburbs, and then crime became a problem, spilling over into the residential areas.

Now, under traditional policing, we treated each incident as a separate incident and made literally hundreds of arrests, but never solved the problem. When we got involved in the concept of community policing, we brought together everyone—Federal officials, county officials, State officials, local officials, not just the police—and said here we have a problem, how do we solve the problem.

To make a long story short, we put together a plan where the police went in 1 day, with great fanfare, arrested all of the violators, cordoned off the area for a number of days. On the weekends, the citizens came in and cleaned up the area. We did some records checking and found out who owned the property, and had them either tear it down, fence it off, or clean it up.

The end result is that that area is now an economically viable asset to the community, and that is what community policing is about, looking at taking recurring problems and solving the problems. In the long run, it is a better, smarter, and more cost-effective way of using police resources.

From my perspective, it is essential to solve the problems rather than continue to respond to each incident as a separate incident,

as is the case under traditional policing. As I see it, it will go a long way toward helping us address the problem of drugs in our communities.

By the same token, I believe it will also help us deal with the demand for drugs because in many of these communities, really the only positive role model that those young kids will have will be that police officer there in uniform on a regular basis getting to know the young people in a nonadversary context, and thus helping that young person see something that is positive. So community policing can go a long way in helping us address the drug problem in our cities.

The CHAIRMAN. You and I agree that a shift in emphasis to hardcore users is necessary. I don't think either one of us saying that means you don't deal with the rest of the problem, but that more emphasis should be placed on hardcore users.

From your perspective, what are the most helpful aspects of the crime law, and what are the most important pieces of your drug strategy that will, in fact, implement or attempt to implement that refinement of focus on hardcore addicts?

Mr. BROWN. The crime bill is going to be extremely helpful in assisting us implement the National Drug Control Strategy. You are absolutely correct. When we say we want to place a greater emphasis and more resources into reducing the demand for drugs, it does not by any means suggest that we will not address other aspects, including the casual drug user.

Senator Hatch in his opening statement made the comment that we are losing ground, and he cited the Household Survey as an example. I think he was referring to "Monitoring the Future," a study done by the University of Michigan on an annual basis. I agree with him that this is not a political issue, not a Democratic issue or a Republican issue, but I think it is important to set the record straight that the stop in the decline of drug use amongst our young people did not start on President Clinton's watch. It started prior to the President taking office, so I think it is important to point that out.

But if we look, for example, at the overarching goal of the National Drug Control Strategy, that goal is to reduce the consumption of drugs in the United States, with a special emphasis on the hardcore drug user population, the population that commits a disproportionate amount of the crime and violence and causes our health care costs to soar, causes all other types of disruption.

The CHAIRMAN. And consumes a disproportionate share of the drugs.

Mr. BROWN. That is correct. The RAND study pointed out, for example, that in looking at cocaine, about 20 percent of the drug-using population consumes up to three-quarters of the cocaine that is sold on the streets of our cities.

The elements in the crime bill that are very important to us in addressing this would be, first of all, the $1 billion allocation for the drug court. The drug court is a very promising concept and rather simple in nature because it gives the nonviolent offender an option. You go to jail or you go into treatment, and if you go into treatment you have to successfully complete the treatment program and be monitored by the court itself.

The CHAIRMAN. And if you fail, you go to jail.

Mr. BROWN. You go to jail. That is the consequence of failing the drug testing or not going to counseling, not completing the program. You have to come back regularly to report to the court about the success or lack of success. I have visited drug courts and I have seen the judge order the bailiff to lock a person up, and so it is a very serious consequence of not following the requirements. That is very important.

Treatment within the Criminal Justice System is extremely important. If we look at the fact that we arrest literally hundreds of thousands of people in this country every year and the majority of them have a substance abuse problem, it just makes good sense to do something about that substance abuse problem prior to putting them back on the streets. If we don't, then that cycle repeats itself over and over and over again.

The CHAIRMAN. How do you respond to the criticism which on its face is fairly compelling raised by Senator Hatch, which says that—I forget his exact phraseology, but he either questions or disagrees with—I am not sure which he said—the decision to spend money on hardcore addicts in prison, as opposed to spending that money on treatment for people who have not committed a crime and who are not in prison?

Mr. BROWN. We need to do both, and that is the reason we requested the $355 million for treatment as part of our block grant through Health and Human Services. But we have to also not overlook the fact that those who use drugs often eventually run afoul of the law. Research tells us that coercive treatment is just as effective as voluntary treatment.

We know from studies—the one I cited in my opening testimony, the most recent study from California, showed an investment of $209 million after 1 year saved the State of California $1.5 billion. Now, that is a pretty good return on an investment, and so if we want to deal with what is of concern to practically all Americans, crime and violence, then we have to get at that drug-using population that is responsible for a disproportionate amount of the crime and violence. So treatment in the Criminal Justice System makes good sense.

I would also point out that some of the strongest advocates for drug treatment today are police officials because they understand that the traditional way of just arresting people have not solved the problem. When I was in New York City, for example, we would arrest up to 100,000 people a year just for drug violations alone. That is bigger than the population of most cities, but we did not solve the problem because we were not dealing with the addiction of those who are clogging up our criminal justice system.

The CHAIRMAN. One of the things that the experts with whom I have spoken, all of whom, I am sure, you have spoken with, regardless of their, not political in a partisan sense, but their persuasion as to the value of treatment and the emphasis we should place on treatment—almost everybody I have spoken to agrees with the following proposition. Notwithstanding the fact that we, for example, in the crime bill, where we will fund through a trust fund, as opposed to your inability—not yours—the unwillingness of the Congress to support your $360 million block grant drug treatment pro-

gram—there is $383 million for drug treatment in prisons that is in the crime bill that is, in fact, there. Appropriators are going to have difficulty taking that away, not funding it. It is funded through the trust fund.

There seems to be, I say, universal—I mean, I don't know of any dissenting voice of consequence that says coercive treatment is any less effective than voluntary treatment. By the way, that is one of the things we learned when we started this process. I believed, and I think the drug director's office believed—I may be mistaken about that—that voluntary treatment was much more effective than coercive treatment, but the studies seem not to sustain that position.

Mr. BROWN. That is correct.

The CHAIRMAN. Now, one of the things that we are reaching a consensus on—and this was one of the purposes of the establishment of our office when I drafted the legislation, with the help of Senator DeConcini and others—is that we were hopefully going to learn from our experience. Our data base was not very broad, and so one of the things that I believe is a consensus view now is that notwithstanding that coercive treatment works, it is important, although we are going to be able to treat roughly 350,000 addicted offenders over the next 5 years—250,000 in the State systems and about 100,000 in the Federal system—that—well, two things.

One, that doesn't nearly cover the ground that has to be covered. Last year, as you pointed out, 200,000 addicts were released from prison still addicted after having served their time from State systems. So, one, it is not going to get the whole of those over 6 years. You have 1,200,000. We are only going to get to 350,000 in both systems.

The second thing that seems pretty clear is that it is not sufficient. Even if it works in prison, there is a need for aftercare. Now, there are several ways in which that can work which I support, although I must admit to you I can't say with certainty, if we implement what I am suggesting, how it will turn out.

I will end with this question and then yield to Senator Pressler, but I want you to talk about this with me. Aftercare is essential; that is, you have treated this person in prison. They have served their time. I might add, by the way, Senator Hatch was literally correct, but I think unintentionally overstated how the crime bill is going to release people early so they don't have to serve their time.

One section of the crime bill, which I must admit I opposed, but I did not succeed in removing, is incentive for prisoners successful completion of treatment programs. It says the period a prisoner convicted of a nonviolent offense remains in custody after successfully completing a treatment program may be reduced by the Bureau of Prisons, but such reduction may not be more than 1 year from the term the prisoner must otherwise serve.

I quite frankly thought we shouldn't do that at all, but it is the law now. I lost on that one, and it is just within the Federal system, not the State system. There is no mandate to the State systems that, as they implement this money for treatment of people in prisons, they must follow the Federal model. There is clearly not that requirement.

But notwithstanding that, one of the things that is going to, I predict, be an area of controversy and debate is the degree to which there is utility in aftercare, and aftercare means everything from followup to saying you are released, but you are required to be randomly tested while on probation for up to "x" amount of years, and if, in fact, you are found to be a consumer, you are back in the tank.

Talk to me about that.

Mr. BROWN. If we look at addiction, we have to understand what it means. It is a chronic, relapsing disorder. Just as we do not hear people who are alcoholics say that I am a recovered alcoholic—they say I am a recovering alcoholic—the same thing is true with drug addiction. That being the case, it is important to treat the totality of the individual.

What occurs in the prison, for example, whether it is counseling, self-esteem, 12 Steps, whatever the program might be, is sufficient for that part of the program, but there is a continuum. What happens to the person when he or she is released from prison?

If we do not provide some type of mechanism to correct the problems that got the individual into difficulty to begin with, then there is a greater likelihood that the person is going to return to drug use, and therefore return to crime. If we do not provide aftercare, it is kind of like taking a fish out of polluted water, putting the fish in clean water, and then returning it back to polluted water. You have not achieved your objective. So as we look at the whole issue of treatment, there is the continuum.

We have to address issues such as jobs, whether or not the person can have meaningful employment and support himself and his family. That is the reason, when we look at the whole drug control strategy for this administration, we do not separate it from other policy, both foreign and domestic.

As I view it, when we talk about drug strategy, we are also talking about economic development, we are talking about job development, we are talking about education reform, we are talking about dealing with the issues of poverty, and that is important because to truly make sure that a person who is an addict addicted to drugs stays off drugs and becomes a productive citizen, we have to deal with the problems that underlie their addiction to begin with. That is what we see as important as far as aftercare is concerned.

The CHAIRMAN. Well, I will yield now to Senator Pressler with this closing comment. When we drafted this legislation, there was not a requirement that a locality seeking monies for in-prison treatment programs have an aftercare program, but there is a preference written in; that is, those communities that seek these monies for in-prison treatment programs will be given a preference if they have an established aftercare program.

Although I agree with you that there are myriad causes and concerns relating to the root problem of why someone is an addict in the first place, I don't want anyone to misunderstand what I understood, at least, when we drafted this to be the meaning of aftercare. Aftercare wasn't meant to be making sure that this person got a particular job or was moved in or out of a particular family, but the aftercare was not unlike the treatment program that they were in and constant monitoring.

So the monies that are in this bill, the $383 million over the period of the legislation for drug treatment in prison, includes the ability of the locality or the Federal system to spend a portion of the money that they receive for this treatment on aftercare, as well. It is not merely the establishment of the in-prison treatment program, which may mean that you treat, as a consequence of limited dollars, fewer people in treatment, but you follow up with those that you do treat.

I became convinced, and apparently you are, that just doing the first piece significantly diminishes the prospect of success 5 years out as to what those folks will be doing. It is a wiser investment to do the first piece and the second piece as part of one program, one initiative.

But, again, as I said, the devil is in the details of implementing this legislation and it is going to make a big difference how the Justice Department and the various agencies that are going to disburse these grants respond to what programs they are asked to fund and to what degree, and that is something this committee is going to closely monitor. But at some point, I assume you will be having a significant input with the Federal Bureau of Prisons as to how they should use these dollars. At least I hope that is the case.

Mr. BROWN. I agree with you that it is a continuum, not only what happens in the institution, but what happens after. We know a lot more about treatment now. I think most of the providers understand that we have to have aftercare, so even though it may not be part of the legislation I think there is a general understanding that it just doesn't stop when a person is released from the institution.

The CHAIRMAN. The point I am making is, and I guess this is a better way of saying it, it is part of the legislation. It is contemplated; it is written in that there is a preference to fund those programs that have aftercare programs.

One of the things I hope you and I—you have always been available to me, and I have no complaints. I will be slightly presumptuous here. What I am going to recommend to you, and you are probably already doing it, is I think it is very important that the agency making the decision as to who the funds should go to should, in fact, have the input from you as to what models work the best.

Notwithstanding the original criticisms of this legislation from all quarters, we are not going to be, as we already know, shy of applicants, notwithstanding the requirement that the localities match funds. As a matter of fact, I predict to you it is going to be about a 10-to-1 ratio. For every 10 States, every 10 programs, every 10 counties, every 10 cities that apply for help under this bill, we are only going to be able to fund 1, if past is prologue.

Maybe it is going to be 3-to-1, but it is going to clearly be only those programs—it should only be those programs that have the best chance of success. That is why I think your agency, where the Federal expertise resides, should be setting out models that you think work the best so that over at Justice they sit down and, when they are making these application judgments, they balance it, again, not with their view, but what your view is as to what the

programs with the highest potential for success are. They are the programs, they are the States and localities, in my view, that should get the money.

But, again, implementation is in the detail, and I hope you are going to be as deeply involved with that much specificity, making recommendations as to what are the best programs, in a generic sense, to fund.

Mr. BROWN. We will.

The CHAIRMAN. Senator Pressler, thank you for your indulgence.

Senator PRESSLER. Thank you very much.

Good morning, and welcome here.

Mr. BROWN. Good morning.

Senator PRESSLER. I very much admire the efforts you are making.

I am concerned about some of the drugs that come in from foreign countries, and I noted with interest that the Secretary of State said that there had been drug trafficking by some of the leaders in Haiti. I don't know if that is true or not, but what do you know about that?

Mr. BROWN. There have been allegations made, obviously, that you are referring to. I think the State Department has also indicated that they have not substantiated any of the allegations. That is an issue that the Justice Department would be handling in terms of its investigation of any drug trafficking, so it is an issue that would be handled by the Justice Department rather than my office, which is a policy office.

Senator PRESSLER. Now, what can you tell us about the DEA investigation into whether or not the political or military leaders in Haiti accepted drug money from foreign drug traffickers?

Mr. BROWN. Again, my office is not involved in the operations of investigations. That would be something that I would have to defer to the Justice Department to answer.

Senator PRESSLER. But do you know anything about that?

Mr. BROWN. I do not have any specific information.

Senator PRESSLER. Who was involved in the initial decision to launch the investigation?

Mr. BROWN. If there are investigations, it would be by the investigative agency, not my office.

Senator PRESSLER. You have never been in a meeting where this was discussed?

Mr. BROWN. No, I have not been in a meeting about the discussion of any investigation.

Senator PRESSLER. Regarding the Haiti——

Mr. BROWN. That is correct.

Senator PRESSLER. Was your office involved in any part of the investigation?

Mr. BROWN. No, sir. Again, we are not an investigative agency. We are a policy agency. The Justice Department would be the agency that would handle it, and certainly be in the best position to answer your questions on that.

Senator PRESSLER. Did you ever participate in a meeting where there was a decision to not interview or question President Aristide about the allegations that he accepted drug money?

Mr. BROWN. No, sir.

Senator PRESSLER. And you have never heard that in any official meeting or informally?

Mr. BROWN. Not in any meeting I have been in, no, I have not.

Senator PRESSLER. Nor your office?

Mr. BROWN. To my knowledge, no one in the office would be involved in such a meeting.

Senator PRESSLER. Would you check with your office and submit a statement that——

Mr. BROWN. I certainly will, but it would not be an issue for my office to be involved in. Again, investigations are not part of my responsibility. My office is a policy office. The Department of Justice would handle any investigations, and therefore we would not be party to those discussions.

Senator PRESSLER. I understand that.

Mr. BROWN. But I will submit something in writing to you.

Senator PRESSLER. Yes; would you check with your office and see if any have been in any meetings where this has been discussed?

Mr. BROWN. Yes.

Senator PRESSLER. I understand that an oversight committee composed of officials from the DEA, the Justice Department, and sometimes those from the White House, reviewed requests from DEA field agents to question President Aristide.

Mr. BROWN. I have no knowledge about that.

Senator PRESSLER. Were you or anyone from your office on the oversight committee?

Mr. BROWN. No, sir.

Senator PRESSLER. If so, why was a decision made to not question Aristide? OK, so if nobody was there, you obviously would not——

Mr. BROWN. That is correct. No one from my office would be involved in that.

Senator PRESSLER. Now, would that be unusual for the drug czar not to be involved in a decision such as that?

Mr. BROWN. As you know, my background is in law enforcement, some 30 years, and it certainly is standard practice for those at the policy level not to be involved in operations, and so it would not be unusual for my office not to be involved in any discussion involving an investigation. There is no reason for my involvement. We deal with policy. The Justice Department deals with operations and investigations.

Senator PRESSLER. If you did not sit on this committee, were you or anyone from your office consulted prior to a decision not to question Aristide?

Mr. BROWN. No, sir. There would be no reason to consult with us on operational decisions.

Senator PRESSLER. Did you or anyone from your office contact anyone in the DEA prior to the decision?

Mr. BROWN. No, sir.

Senator PRESSLER. Are you aware of any contacts between any administration official and the DEA regarding the decision to not question Aristide?

Mr. BROWN. I do not have any information to that effect.

Senator PRESSLER. Do you agree that it would be improper for an administration official outside of the DEA to suggest or direct the DEA to not pursue an investigation based on political factors?

Mr. BROWN. As a general rule, the decision about operations, particularly investigations, would be a decision that is made by the operating agency, in this instance the Department of Justice.

Senator PRESSLER. I think the feeling on the part of some is that there was a decision to pursue the issue of drug trafficking and Haiti regarding Cedras and his associates, and this road led also to Aristide and some of his associates. Then, suddenly, the investigation by the Miami DEA office was blocked by somebody in Washington and Aristide was not questioned. That has been an allegation made in print, at least. Do you know anything about that?

Mr. BROWN. No, sir, no more than what you would know from the media. My office is not involved in it. We do not get involved in operations, we do not get involved in investigations, and there would be no reason for anyone to consult with us regarding an issue dealing with an investigation.

Senator PRESSLER. OK, and you will check with your office to see if anybody there attended meetings or knows anything about this?

Mr. BROWN. I will, and I will submit that in writing, but I can pretty well assure you up front that if something like that ever happened, I would have been notified. I guess the bottom line would be, there would be no reason for my office to be involved in meetings dealing with investigations.

[The information referred to was not available at presstime.]

Senator PRESSLER. Thank you very much. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Senator DECONCINI. Mr. Chairman, if I could advise the Senator from North Dakota, if he is interested in more information on this subject matter, the Intelligence Committee can set up a briefing for him with Mr. Devine, who heads up the Southern Hemisphere effort in narcotics intelligence-gathering, and give him some information that might be helpful to him. That can be done by calling the Intelligence Committee.

Also, the DEA can give you a briefing on what trafficking has occurred and what has been going on over there. I know they would be glad to do that. I have had such briefings and they have been very helpful.

Senator PRESSLER. I, too, have had such briefings and they are very helpful, I agree. I just wanted to get things on the public record, as the Senator from Arizona very ably does frequently.

Senator DECONCINI. Thank you.

The CHAIRMAN. Senator DeConcini.

Senator DECONCINI. Mr. Chairman, thank you.

Dr. Brown, thanks for the time and the commitment you have given to this office. The chairman and I have been strong advocates for enhancing the role and authority of your office in developing and implementing a national drug control strategy. Some might suggest that a "strategy" means policy only, but to me a complete strategy includes the implementation of that policy and whether or not it is actually going to be carried out.

The good news is that with the enactment of the crime bill, we were successful in finally giving your office the authority required to carry out your job as a true drug czar. Those amendments, that were attached to that crime bill came from the original bill that Senator Biden introduced, along with myself and others, back in 1984, I believe, when it was the consensus, at least of Congress, that a drug czar truly meant a drug czar.

In so doing, the bill broadened your authority in several areas. It gives you the authority to detail personnel from one agency to another, the authority to transfer up to 2 percent of drug control funds from one agency to another, and to apportion drug control funds provided to drug control agencies on the prevention side as well as the enforcement side. The bill also required agencies to include, in their budget submissions funding requests for drug control activities which are adequate to carry out the National Drug Control Strategy.

Now, the bad news is that before the conference report on the crime bill had been totally agreed to and before the ink was dry, agencies throughout the executive branch were publicly seeking to reverse this authority. These attempts were successful in varying degrees. Limiting provisions were included in the State-Justice Appropriations Conference Report, the DoD authorization, and the Appropriations Conference Report for Labor-HHS.

Now, Dr. Brown, you and I have previously had a discussion about actions taken on this subject by certain administration officials, and I am very concerned that these actions not bode well for the administration's stated commitment to a strong Office of National Drug Control Policy.

I think, having talked to the President, that the President wants you to have the authority, wants you to be, the "drug czar." The Congress, with the President's strong support, has made you the equal of a Cabinet member, and yet we have seen action recently that just absolutely overpower me, including, and I will include a copy of it in the record, a memorandum dated August 4th from Director Freeh of the Federal Bureau of Investigation to the Attorney General. I am almost embarrassed by it because I think Judge Freeh has done such an outstanding job.

"I, in the strongest terms, find highly objectionable the eleventh-hour amendments adopted by the Conferees for the crime bill * * * which would confer unacceptable authorities to the Office of National Drug Control Policy." "These amendments at this time are very troubling." "I would also note that these amendments represent a significant derogation of the authority of the Attorney General as the Nation's Chief Law Enforcement Officer." "The authority for ONDCP to transfer resources would significantly impact on the ability of the FBI, DEA and other Federal law enforcement agencies to commit the necessary resources to long-term, resource intensive investigations," et cetera.

I will put the whole thing in the record, but one paragraph that really concern me is, "I recognize that these amendments cannot now be extricated from the crime bill. Nonetheless, I urge you to take whatever steps possible, including language in our own appropriations bill, to nullify the effect of these amendments. We in Federal law enforcement have come too far this past year in forging

an effective coalition to combat crime, including the scourge of drugs. The diminution of the authorities of your Office and the insertion of more bureaucracy will not serve the American public."

[The memorandum referred to follows:]

August 4, 1994.

To: The Attorney General
From: The Director, Federal Bureau of Investigation
Subject: The National Narcotics Leadership Act
Amendments to the Crime Bill

ACTION MEMORANDUM

I, in the strongest of terms, find highly objectionable the eleventh-hour amendments adopted by the Conferees for the crime bill, H.R. 3355, which would confer unacceptable authorities to the Office of National Drug Control Policy (ONDCP). I am not alone in my opposition: Administrator Tom Constantine, Drug Enforcement Administration (DEA), has the same strong objections.

These amendments at this time are very troubling. You created the Office of Investigative Agency Policies (OIAP) to address the problem of the need for coordinated activities in law enforcement. Significant steps have been taken by OIAP to make Federal law enforcement more effective, particularly in the area of criminal drug law enforcement. As recently as Monday of this week, I publicly announced the exchange of DEA and FBI management personnel. Previously, directives have been issued by OIAP to more effectively coordinate overseas drug investigations and the collection and sharing of drug intelligence information.

I would also note that these amendments represent a significant derogation of the authority of the Attorney General as the Nation's Chief Law Enforcement Officer. These amendments supersede decisions made by the Attorney General as to the best use of Department of Justice resources. In essence, these provisions are a wholesale transfer of Department of Justice authorities to ONDCP.

The authority for ONDCP to transfer resources would significantly impact on the ability of the FBI, DEA and other Federal law enforcement agencies to commit the necessary resources to long-term, resources intensive investigations—the very investigations that have the most impact. Further, transfers of resources which would be permitted by these amendments could impede other investigative activities or responsibilities of agencies. Further, decisions by the ONDCP could substantially impede an agency from accomplishing its mission; e.g., DEA's overseas mandate.

Also troubling is this sweeping change in the role of ONDCP. It would transform an office that is primarily only responsible for policy matters into an office that makes investigative and operational decisions. This would result in substantial enhancement of staff by ONDCP and duplication of agency oversight. These are the very mid-level manager positions that have been targeted for reduction by the Administration.

I recognize that these amendments cannot now be extricated from the crime bill. Nonetheless, I urge you to take whatever steps possible, including language in our own appropriations bill, to nullify the effect of these amendments. We in Federal law enforcement have come too far this past year in forging an effective coalition to combat crime, including the scourge of drugs. The diminution of the authorities of your Office and the insertion of more bureaucracy will not serve the American public. I am prepared to assist you in the revocation of these ill-conceived amendments.

Senator DECONCINI. Dr. Brown, do you consider those additions in the crime bill that passed to be more bureaucracy that would interfere and obstruct the war on drugs?

Mr. BROWN. I consider the new authorities given to the office as being productive and beneficial in carrying out what the Congress wishes this office to do, even in its original enactment that created the office.

You are absolutely correct. I was going to mention to the chairman that he and I were talking with the President when we had the ceremony at the Department of Justice about the crime bill, and the chairman pointed out to the President that the provisions

that you insisted upon being put into the reauthorization were there, which would strengthen the authority of this office.

Senator DECONCINI. And the President supported those?

Mr. BROWN. The President said he agreed with——

Senator DECONCINI. Yes, that is what I thought.

Mr. BROWN. And the President still agrees with new authorities for the office.

I might also add that the amendments to the Appropriation Committee bills—they were not done with the support of the administration. They were done without the knowledge of the administration. There were those in the administration, as well as those who are staff members on the Appropriations Committee——

Senator DECONCINI. Now, wait a minute, Dr. Brown. Let me interrupt you, if I can. Are you telling me that you know that nobody in the administration approached those Appropriations Committee staff to——

Mr. BROWN. That is not what I am saying.

Senator DECONCINI [continuing]. To put the prohibitions, or to repeal them at least for a 1-year period?

Mr. BROWN. Someone obviously had to, but the administration, speaking in this instance with the chief administrator, that being the President or OMB, was not supporting those amendments to the appropriation bills.

Senator DECONCINI. But they did not express that to the appropriators, did they?

Mr. BROWN. They were unaware of it, to my knowledge.

Senator DECONCINI. Quite frankly, someone in the administration was undoing what was done in the crime bill which the President said he supported. Isn't that accurate?

Mr. BROWN. I would agree that someone in the administration, along with some staffers on the Appropriations Committee, did, in fact——

Senator DECONCINI. Put that together.

Mr. BROWN [continuing]. Put that together.

Senator DECONCINI. And this is contrary to what the President has indicated he wanted your authority to be?

Mr. BROWN. That is correct. I think it is contrary, and also counterproductive.

Senator DECONCINI. I do, too. Did any of these officials in the administration, including Director Freeh, discuss their concerns with you?

Mr. BROWN. Director Freeh did not, but after the legislation, that being the crime bill, was passed, I have met with the chief of staff, Mr. Panetta. I have met with the OMB Director and I have met with the Attorney General, and the objective of my meetings was to ensure that we could implement the provisions in the reauthorization in a sensible manner that would help carry out the National Drug Control Policy of the President.

Senator DECONCINI. To your credit, let me say I believe you have convinced the White House not to issue Executive orders reversing much of what was included in the crime bill. Is that correct?

Mr. BROWN. That is correct. There were discussions and attempts to get the President to issue Executive orders. We were successful.

Senator DECONCINI. Indeed, there were, in a memo from Janet Reno to President Clinton, and from William Dellinger, Assistant Attorney General, to Janet Reno, Jamie Gorelick and Lloyd Cutler, dated August 25, 1994, suggestions that "The amendments could, however, be construed to raise constitutional questions concerning my authority under Article II of the Constitution to direct the Executive Branch. Furthermore, it is my judgment that the goal of better coordination is in any event best served by achieving consensus among the agencies involved. To avoid these constitutional and administrative issues, I will instruct the Director to exercise his now authority only after obtaining the concurrence * * * "

[The memoranda referred to follow:]

U.S. DEPARTMENT OF JUSTICE,
OFFICE OF LEGAL COUNSEL,
Washington, DC, August 25, 1994.

To: Janet Reno, Attorney General,
Jamie S. Gorelick, Deputy Attorney General,
Lloyd N. Cutler, Counsel to the President

From: Walter Dellinger, Assistant Attorney General

Re: Proposed Presidential Directive Regarding the National Narcotics Leadership Act Amendments

I believe that the Department of Justice should recommend that the President issue a directive to provide guidelines governing the Director of National Drug Control Policy's exercise of the authority vested in him by the National Narcotics Leadership Act Amendments. The directive could be made in the form of an executive order accompanied by an explanatory memorandum from the President to affected agency heads. A draft executive order and presidential memorandum is attached for your consideration. As an alternative, the President may wish to consider simply issuing the directive in a presidential memorandum. This course would be less public, as presidential memoranda, unlike executive orders, are not automatically published in the Federal Register. A draft of such a memorandum is also attached.

Although it is an option, I do *not* recommend that the President comment on this matter in his signing statement. To do so would be contrary to the tone and theme of the signing ceremony and would detract, unnecessarily in my view, from that event. I believe that the executive order and memorandum are the more appropriate response. If, however, the President wishes to include a comment in his signing statement, I would recommend the attached language.

LANGUAGE FOR A PRESIDENTIAL SIGNING STATEMENT

In the subtitle "National Narcotics Leadership Act Amendments," the bill gives the Director of National Drug Control Policy new authority with respect to other agencies and departments that administer drug control programs, particularly in the areas of budgets, expenditures and program administration and policy. I applaud the goal of these amendments, which is to promote the forceful and coherent administration of our anti-drug efforts. This is an important priority for me as President. The amendments could, however, be construed to raise constitutional questions concerning my authority under Article II of the Constitution to direct the Executive Branch. Furthermore, it is my judgment that the goal of better coordination is in any event best served by achieving consensus among the agencies involved. To avoid these constitutional and administrative issues, I will instruct the Director to exercise his new authority only after obtaining the concurrence of the affected department or agency.

OPTION ONE: EXECUTIVE ORDER

DRAFT PRESIDENTIAL MEMORANDUM

From: William J. Clinton, President of the United States of America

To: Janet Reno, Attorney General,
Lee Brown, Director of National Drug

Control Policy,
[All Other National Drug Control Program Agency Heads]
Re: The National Narcotics Leadership Act Amendments

I am advised that the National Narcotics Leadership Act Amendments raise substantial constitutional doubts. The Amendments give the Director of National Drug Control Policy ("Director") new oversight and enforcement powers over National Drug Control Programs as well as the policy and operations of federal agencies, including cabinet departments, insofar as they relate to these programs. It is extraordinary in our nation's history to grant executive oversight powers over cabinet departments to an officer other than the President; current law does not grant such broad authority to the Director. I am informed that, consequently, a serious legal argument could be made that the Amendments enact a constitutionally significant change in the office of Director, requiring the Director to be renominated and reconfirmed. *See Shoemaker* v. *United States*, 147 U.S. 282 (1983). I am informed that, furthermore, any attempt by the Director to exercise the authority conferred by the Amendments would be subject to significant litigation risk in an action brought by an aggrieved party. *See Olympic Federal Savings and Loan Association* v. *Director, Office of Thrift Supervision*, 732 F. Supp. 1183, 1192 (D.D.C. 1990). This risk, however, can be avoided if the Director exercises his authority under the amendments only pursuant to the guidelines set forth in this memorandum.

Among the most significant powers that the Constitution vests in the President is the authority to supervise his subordinates in the executive branch. I am advised that there is nothing in the text or structure of the Amendments that limits the supervisory authority of the President over the Director. In addition, were the Amendments construed to supplant the President's supervisory authority, they would be unconstitutional. *See Myers* v. *United States*, 272 U.S. 52 (1926). It is my judgment that the unsupervised exercise of the authority vested in the Director would detract from the effective administration of federal drug control efforts. Therefore, I am instructing the Director and the heads of all National Drug Control Program agencies to adhere to the guidance contained in the attached executive order.

EXECUTIVE ORDER

GUIDELINES FOR CONDUCT UNDER THE NATIONAL NARCOTICS LEADERSHIP ACT AMENDMENTS

By the authority vested in me as President by the Constitution and the laws of the United States of America and in order to provide supervision and guidance for conduct under the National Narcotics Leadership Act Amendments, Pub. L. No. ____, it is hereby ordered as follows:

Section 1. The Director of National Drug Control Policy ("Director") shall not take any action that requires an agency head to include programs in the agency's budget proposal to the Office of Management and Budget without the concurrence of the affected agency head. With the prior authorization of the President, the Director may proceed without obtaining the concurrence of the affected agency head.

Sec. 2. The Director shall not take any action that requires the personnel of any agency to be detailed to any other agency or within any agency without the concurrence of the affected agency head(s). With the prior authorization of the President, the Director may proceed without obtaining the concurrence of the affected agency head(s).

Sec. 3. The Director shall not order that funds be transferred to or from any drug control program account without the concurrence of the affected agency head(s). With the prior authorization of the President, the Director may proceed without obtaining the concurrence of the affected agency head(s).

Sec. 4. The Director shall not issue a Funds Control Notice without the concurrence of the head of the recipient agency as to the form and substance of the notice. With the prior authorization of the President, the Director may proceed without obtaining the concurrence of the head of the recipient agency.

Sec. 5. The Director shall not disapprove any agency request for reprogramming of funds, unless authorized in advance by the President.

Sec. 6. The Director shall not disapprove any proposed agency change in policy relating to a National Drug Control Program; unless authorized in advance by the President.

Sec. 7. This order is intended for internal management purposes and does not create any private right of action.

Sec. 8. This order shall take effect immediately.

OPTION TWO: MEMORANDUM ONLY

DRAFT PRESIDENTIAL MEMORANDUM

From: William J. Clinton, President of the
United States of America

To: Janet Reno, Attorney General,
Lee Brown, Director of National Drug
Control Policy,
[All Other National Drug Control Program Agency Heads]

Re: The National Narcotics Leadership Act Amendments

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1. The Director shall not take any action that requires an agency head to include programs in the agency's budget proposal to the Office of Management and Budget without the concurrence of the affected agency head.
2. The Director shall not take any action that requires the personnel of any agency or within any agency without the concurrence of the affected agency head(s).
3. The Director shall not order that funds be transferred to or from any drug control program account without the concurrence of the affected agency head(s).
4. The Director shall not issue a Funds Control Notice without the concurrence of the head of the recipient agency as to the form and substance of the notice.
5. The Director shall not disapprove any agency request for programming of funds.
6. The Director shall not disapprove any proposed agency change in policy relating to a National Drug Control Program.

As indicated, I am issuing these guidelines as part of my constitutional duty to supervise the execution of the law by subordinate executive branch officials. Consistent with that duty I retain the authority to authorize the Director to proceed without the concurrence of any agency head or to disapprove requests for reprogramming of funds and National Drug Control Program policy changes.

Senator DECONCINI. Mr. Director, I am glad the President didn't say that, and I can see why he wouldn't, having come out supporting your advanced authority. Under the authority given to you, you

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would only act in accordance with a strategy or directive that the President had agreed to. Is that not correct?

Mr. BROWN. You are correct, and I think it even goes beyond that. My serving in the Cabinet gives me the opportunity to work with all Cabinet members. The President has made it clear on more than one occasion that he views the drug issue as a team effort, not just my problem, not just his problem. So on an ongoing basis, the new authority that is provided by the reauthorization of the office kind of carries out a number of things.

Prior to that, the certification process gave us the ability to do something after the fact, after the budget had been put in, kind of like hitting someone over the head with a blunt instrument. This gives the opportunity to deal with the problems up front to ensure that the strategy of the President is carried out.

It envisions, from my interpretation, a collaborative relationship not only with other members of the Cabinet, but also with the various appropriations committees, calling for consultation there in carrying out the responsibilities. So, that is how I see it. That is how the President sees it.

Senator DECONCINI. But, in fact, what has happened here is that the Attorney General, along with Director Freeh, have done everything they can to circumvent the language inserted in the crime bill, and if you are correct, and I have every reason to believe you are, and you have equal status as a Cabinet member, what action are you going to take to attempt to get them to let you function in the proper manner? By the way, your draft memorandum to all the agencies involved was most conciliatory and clearly indicated that you weren't going to be a drug czar that was going to take their authority away and wipe them out, what action are you going to take to get the administration to stop his own Cabinet members, particularly when the President has agreed to the language that was inserted in the bill by Senator Biden and I? What are you going to do about it?

Mr. BROWN. As you pointed out, we were successful in blocking any effort to have the President sign an Executive order that would take away the authorities given by the legislation. As I pointed out, I have already had meetings with the chief of staff and with the Attorney General, and ongoing meetings with the Office of Management and Budget.

It is my intent to carry out my responsibilities to achieve the objective of reducing drugs in this country. That means that the authorities that are at my disposal will be prudently used to accomplish that objective. It also means that I will continue to work with the members of the Cabinet, involving them not only in the development of our drug control strategy, but also in the formulation of a budget.

I just happen to believe that by working together, without the conflict, when we have not heretofore had conflict on issues dealing with the drugs—without the conflict, we can carry out the President's desires in this regard, and that is what I will be continuing to do.

Senator DECONCINI. Dr. Brown, are you familiar with the proposed Executive orders, option one, and option two, in memoran-

dum forum only, from Janet Reno, and your names appears on it, to Bill Clinton?

Mr. BROWN. I am not familiar with the particular document you are referring to.

Senator DECONCINI. I presume they were not signed. But let me just read one of them that was suggested as a possible Executive order.

"The Director of National Drug Control Policy shall not take any action that requires an agency head to include programs in the agency's budget proposal to the Office of Management and Budget without the concurrence of the affected agency head."

Number two: "The Director shall not take any action that requires the personnel of any agency to be detailed to any other agency or within any agency without the concurrence of the affected agency head(s)." It goes on and on, ripping out, literally, the heart of the enhanced authority you had.

As you stated, the President said to you and Senator Biden, and he has indicated to me before the crime bill, I must say, he was in favor of enhanced authority for you; that he felt the leadership of the drug war should be in the ONDCP Director. Here, we find the head of the FBI and, I am sorry to say, the Attorney General, acting absolutely contrary to where you say the Administration is.

The question comes to my mind, Dr. Brown, and I don't say this in any way to downgrade your position, but who speaks for the Administration? It seems to me we have an underground within the Administration cutting the guts out of the first real opportunity to see the drug czar take on this battle in the name of the President. No one has ever suggested the drug czar would exert the constitutional authority of the President. If the President doesn't want you to do anything, you are not going to do it. If he tells you to do something, you are going to do it.

It just absolutely blows my mind, and I know the chairman and I are drafting a letter on this subject matter, but I hope you will certainly visit with the President about this, and your willingness to cooperate and not get into a turf battle or a constitutional battle, which I think, is very important. But, good God, don't give up the authority that you have now, to really make a difference.

The CHAIRMAN. Senator, let me ask you a question before he responds, and maybe you can respond to both. Is the memo to which you are referring the one from the Assistant Attorney General, as opposed to the Attorney General?

Senator DECONCINI. There is a memo dated August 25th from Assistant Attorney General Walter Dellinger setting forth some language, and what have you, that might even be used.

The CHAIRMAN. Which you read.

Senator DECONCINI. Yes, and then the second one, which I do not have a date on, is to Bill Clinton from Janet Reno and Lee Brown, which sets forth the Executive order proposed which I understand did not come about.

The CHAIRMAN. Right. That did not come about. As I understand it, and I would like the record kept open for us to clarify this, and maybe you know the answer, that was from my good buddy, Walter, recommending that the Attorney General send that letter. I don't think the Attorney General has signed on.

Senator DECONCINI. I hope not.

The CHAIRMAN. Not only did she not send the letter, but I don't believe it was initiated by her. I think this was initiated by Walter, who is a first-rate constitutional scholar and a fine man and a great lawyer, and dead wrong, in my view, on this point.

One other thing, and then I would like you to comment on what the Senator said and what I am about to say. You are attempting to be conciliatory. Let me respectfully suggest you should not be. The only way you are going to be able to do this, in my humble opinion, and I would be delighted to be proven wrong, is to fight like hell because the reason for the overwhelming resistance to the establishment of the office in the first place—it took me 5 years on that one—was because every single agency head protected their turf.

We are going to hear from John later, who was in your office in the department. Maybe he had a different experience, but I can assure you you ain't got no friends. There is nobody out there that I know that heads up any other bureau that would like to see your power enhanced because it means a direct diminution of their power. In this town, like all corporate entities that I am aware of as well, I mean, it is protect your turf. So I am not going to give up.

I told you that Senator DeConcini was spearheading an attempt to add to your authority, not only reauthorize, but quite frankly we condition the reauthorization upon more authority because unless you are given more budget authority, all the authorities that they are suggesting be stripped—unless you are given that, quite frankly, it would be better to—I facetiously spoke to the Director of the FBI and I said, Louie, Louie—remember that old song, "Louie, Louie"—you know, old Louie, if you want to do this, you take it over. I think that would be a serious mistake myself, not him personally, but the FBI taking it over.

All we have had is turf battles, and we are well beyond a lot of them, but I really hope you understand that notwithstanding the fact that Senator DeConcini is voluntarily leaving, not coming back to this place, I ain't for 2 years, anyway, and I assure you, if you are willing to go to war, I am willing to join the troops.

That doesn't mean it will be easy up here either. The appropriators up here aren't crazy about this, so I mean it is a real battle, but I think it is a battle that is important in order for somebody to grab hold of the implementation of the strategy. Remember, I said earlier the devil is in the details. Well, the devil is in who is in charge in terms of the drug strategy, and so I would like you to comment on all of that.

Mr. BROWN. I have had a chance to review all the draft memoranda that the Senator talked about and, to my knowledge, the Attorney General did not send the memorandum over that was signed by her. She and I have had a chance to talk and she has been, as usual, very cooperative in addressing the issues of mutual concern.

I might point out that I also believe that the effort that you and Senator DeConcini put forth in strengthening the Office of National Drug Control Policy is designed to ensure that we can carry out the strategy of the President, with the ultimate objective or reducing drug use in this country. I also believe that efforts to undermine

the new authorities given to the office are counterproductive to achieving that objective.

As I pointed out earlier, the President has pointed out to Chairman Biden in my presence that he supported the new authorities. He stated on other occasions that he supported the new authorities, and in answer to Senator DeConcini's question, the President speaks for the Administration and, as you know, he has not signed any Executive order. I opposed his signing any Executive order. I think it is important for us to recognize that the Congress has passed the law. It is signed by the President, and we need to get about the business of dealing with the drug problem in America, not having these squabbles about the authority that is given to this office.

I don't intend to be arbitrary in how I exercise any authority. I think it is extremely important to work closely in a cooperative relationship with my colleagues in the Cabinet, as well as the members of Congress, in order to achieve our mutually agreed-upon objective, and that is reducing drugs in America. Mr. Chairman, I intend to do all that I humanly can, with all the tools at my disposal, to carry out that objective.

Senator DECONCINI. Mr. Chairman, would you yield just for one more comment?

The CHAIRMAN. Sure.

Senator DECONCINI. I would like the record to show that in the 18 short years I have been here we have never had an Attorney General better at attempting to coordinate and suppress and diminish turf battles as this Attorney General. Treasury and Justice are perfect examples.

The CHAIRMAN. DEA and FBI.

Senator DECONCINI. Yes; and this is due to the things that she has done. I am glad she didn't sign this memo. As you potently said one day when I was there, maybe the Director of the FBI doesn't have the message of what this national drug strategy is all about and what the Congress wants to do. For him to send a memo like this, and then for somebody in the Administration to come up here and lobby the staffs of the Appropriations Committees, is really counterproductive.

I would hope the President, Dr. Brown, would be told about this and that, the word would come out of the Oval Office to knock it off. We have a Director we have confidence in. The director is not going to go rip the Defense Department apart, or the DEA or the FBI, and assign people to some foolish task. He is very cooperative, he understands his mission. He has expressed it in a memo. I just think you need to get that message out from the Oval Office.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

To sum it up, Mr. Director, the only thing Senator DeConcini and I are trying to do is, once a strategy is agreed upon, it is implemented. I mean, that is the bottom line of all this. The place to fight is about the strategy.

The way the law is now constructed, if the FBI Director, DEA Director, Treasury, or 32 different agencies that have some impact on drug strategy—if they don't like it when you put out your strategy, fight with you about it, bang it around. But once the President

signs off on a strategy, the problem has been in the past that, you know, everybody doesn't do their part.

Somebody has to be able to sit there and say, hey, Charlie, come here, you signed on to "x" percent, you ain't doing it, I am now going to make you do it. That is all this is. We are not looking for you to enhance your powers. Quite frankly, these people will have, and they should, significant input to disagree with your strategy because the strategy you present to us is not supposed to be your strategy. It is the President's strategy.

Mr. BROWN. The President's.

The CHAIRMAN. So he calls in the DEA, he calls in the FBI, he calls in Treasury, he calls in Customs, he calls in the Coast Guard; he calls in all these folks and says, OK, what works? That is the point of this. So, that is all we are trying to do.

Mr. BROWN. Well, I am in agreement with what you are attempting to accomplish. I think that, in my reading, was the original intent in establishing this office.

The CHAIRMAN. You got it.

Mr. BROWN. And this new authority takes us a step closer to doing that.

The CHAIRMAN. I know a lot of people whenever I say this, Democrats—one of the reasons I like Bill Bennett—I like Bill Bennett. I like the Yankees, too, so what the heck, you know. I like Bill Bennett, and one of the reasons I liked Bill Bennett was Bill Bennett loved to fight. It almost seemed like he looked forward to it, and that is why I think it was an inspired choice the first time around to have Bennett. He went in there and said—he didn't win them all, but he fought.

We are a long way down the road. This is a refinement, a necessary refinement, and I can assure you that in my discussions with the President, as you pointed out when I was out of the room, I mean I walked right up to him, stood right there, right, you and me?

Mr. BROWN. In my presence.

The CHAIRMAN. And I said, Mr. President—literally, I hope, nicely, took him by the arm and said, we just gave this guy more authority. And he said to me he was for that and I outlined it.

Mr. BROWN. He said he agreed with that and he wanted the office to have more authority.

The CHAIRMAN. That is right.

Mr. BROWN. So I can assure you that we are going to do that which is necessary to carry out the objective of this committee, as well as the objective of the President, which is the desire of the American people to do something about the drug problem in this country. Your effort and the continuing authorization and the support is appreciated, and that is going to help us make a difference in America.

The CHAIRMAN. Well, I don't have any more questions, but I just want to again narrow this down and make it real clear. The fight should be between the President and the Congress, to the extent there is one, as to what the strategy should be. The antecedent fight should be among the agencies that have something to do with drugs as to what the strategy the President signs off on is.

So you have like three battles. The first battle is inside every administration as to what the strategy should be, and in order to get that strategy in place all these agencies have to have had a part in it. That is where you are conciliatory. Then the President signs off and sends it up here. We then fight, Democrats, Republicans, the President, Congress, as to what it should be. Then we end up passing a strategy. From that point on, school should be out.

Mr. BROWN. There are no questions at that point.

The CHAIRMAN. All right. Well, thank you very much, Director.

Mr. BROWN. Thank you.

The CHAIRMAN. We appreciate it very much, and I look forward to the next 2 years, you and this committee and the House counterpart committees taking a real run at this.

Mr. BROWN. Thank you, Mr. Chairman.

[The prepared statement of Lee P. Brown follows:]

PREPARED STATEMENT OF LEE P. BROWN

Thank you, Chairman Biden and members of the Judiciary Committee. I appreciate the opportunity to appear before the Committee.

I am especially pleased to be able to talk to you today about the President's Drug Strategy and how it relates to the Crime Bill which has recently been enacted into law. (Public Law 103–322, the Violent Crime Control and Law Enforcement Act of 1994). This Administration strongly supported and fought for the Crime Bill. Personally, as a former Police Commissioner in Atlanta, Houston, and New York, and as past president of the International Association of Chiefs of Police, I know only too well just how critical it is to have passed this bill.

As you know all too well, the statistics on drugs and violence can be numbing. The heart of the problem is the hard-core drug users who are found overwhelmingly in our urban areas. Drugs affect every town, city, county and State in this country. Early every family has been touched by drugs in some way.

And drug use does not occur in a vacuum. All too often, drug use is accompanied by a lack of opportunity, hope, education, and job training that is also a product primarily of our urban environments. Where there is drug use, we find crime, domestic violence, AIDS, and poor health.

The recently passed Crime Bill complements and enhances the President's Drug Control Strategy. For the first time ever Congress has taken a broader view and passed a crime bill that authorizes funds for police, punishment, and prevention.

While not excusing any criminal behavior, the Administration believes an effective drug and crime strategy must be cognizant of the poverty, hopelessness and lack of opportunity in many of our communities. Solving the drug problem therefore involves a willingness to recognize the importance of good schools, good jobs, accessible health care, decent housing, and safe communities.

As a result, we launched an aggressive campaign to reduce the demand for drugs in all of our communities, especially among the hard-core drug-using population, criminal addicts, pregnant women, and other high risk populations.

When I last testified before the Senate Judiciary Committee on February 10th of this year, Mr. Chairman, I presented to you the Administration's first comprehensive National Drug Control strategy. It was a Strategy that challenged our Nation to change the way it viewed the drug problem. It challenged us to take on the most difficult part of the drug problem—chronic hardcore drug use. The Administration knew that this was not a politically popular course of action, and that getting Congress to commit resources to this part of the problem would be difficult.

The Strategy also challenged us to view the drug problem and

its solutions, not as a Federal issue, but as a national concern. I challenged us to devise not only a Federal response to the drug problem, but a truly national plan to empower local communities with the tools and resources to curb drug use and stamp out drug trafficking.

On September 13th, when the President signed the crime bill

into law, he—and Members of Congress who supported the legislation—laid a strong foundation for meeting these challenges outlined in the 1994 Drug Strategy: taking on chronic hard-core drug use and empowering communities. In my estimation, this Crime Bill has ushered in a new era of drug policy in which the Federal

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government more directly and comprehensively embraces its drug control responsibilities.

TAKING ON HARD-CORE DRUG USE

Both the Interim National Drug Control Strategy released in September 1993, and the 1994 National Drug Control Strategy, identify chronic, hardcore drug use as the principal drug problem facing this nation today—mirroring the emphasis on hardcore drug use included in the alternative drug strategy proposed by his Committee last year. The Strategy proposed to mount an aggressive drug treatment strategy to get as many chronically addicted drug users into drug treatment as possible. By doing this, we can reduce both drug use and its consequences, in terms of fewer crimes, drug-related deaths, medical emergencies, and lives lost to the drug trade.

We know that the children of addicted drug users are at very high risk for substance abuse. Children learn from what they witness. It is crucial that we stop the cycle of generational drug use by continuing to be aggressive in our targeted prevention efforts. We also know that nine percent of children under 18 have at least one parent who reports use of illicit drugs in the last month.

The Strategy set a goal of reducing the number of hardcore drug users by 5 percent each year, and proposed to treat 140,000 more hard-core addicts in fiscal year 1995. This 140,000 included an estimated 64,000 hardcore users targeted in the criminal justice system. For these users, the Strategy sought drug courts, treatment, aftercare programs, and drug testing to offer a compendium of services to those involved in the criminal justice system. Breaking the cycle of drug use and crime is singularly important to ensuring safe communities. Your leadership, Mr. Chairman, and that of the Committee, is to be commended for recognizing and responding to this in the Crime Bill.

The Drug Strategy proposed that the majority of these heavy users be treated through the $355 million Hard-Core Treatment Initiative proposed in the President's fiscal year 1995 budget—and that the remainder be treated through monies made available for criminal justice drug treatment in the crime bill. Congress, however, chose not to authorize nor to fund the Administration's Hard-Core Drug Treatment Initiative—and approved only $57 million in additional funds for the Substance Abuse Prevention and Treatment Block Grant. This small increase will roughly treat an additional 6,500 heavy users next year.

While the Administration welcomes any increase in the treatment budget during a time of such fiscal restraint, it is extremely difficult to carry out our Strategy without obtaining a substantial amount of the funds requested for drug treatment.

We know that treatment works, and that treatment saves money. The Rand Corporation recently released the study: *Controlling Cocaine: Supply Versus Demand Programs* which estimates that hardcore cocaine users account for two-thirds of cocaine consumption while making up 20 percent of the cocaine using population.

Last month, a comprehensive study of drug treatment in California: *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment* found that the cost of treating 150,000 participants in its study sample in 1992 was $209 million, while the benefits received during and after treatment were worth about $1.5 billion in savings, primarily due to reductions in crime. This is the basis for the study's conclusion that every dollar invested in drug treatment saves $7 in crime and health care costs.

It is extremely encouraging, however, that this Committee would be willing to commit to a new and prolonged attack on hard-core drug use—the very core of this country's drug problem—through the Crime Bill.

In fact, the Crime Bill includes the most serious commitment to hard-core drug treatment ever enacted by the Federal Government. For example:

> One billion dollars for Drug Court programs will support intensive supervision of drug dependent defendants, and divert non-violent offenders into drug treatment.

On any given day in just about any major city in this country, more than half of the people arrested will test positive for drug use. They often commit crimes to help get the money needed to pay for their habit, and sometimes they commit crimes because they are intoxicated and cannot control their behavior. Crime-committing addicts constitute 50 percent of the heavy drug-using population.

Every year, approximately 200,000 hard-core addicts who have come into contact with the criminal justice system are released—without our having demanded treatment for their drug addiction. This represents a failure of accountability in our criminal justice system. It is a failure because we are not holding these crime-com-

mitting addicts accountable for their behavior—and because we are not doing everything we can be doing to reduce the criminality of these drug-users before they are back on the streets.

The Drug Courts program in the Crime Bill will help reverse this trend by providing funds to State and local courts willing to give non-violent drug offenders a choice of judicially supervised treatment or jail. Offenders are required to accept drug treatment services and are monitored and drug tested by the Court. Offenders who do not comply, or who do not show satisfactory progress, are subject to graduated sanctions, including—prosecution, confinement and/or incarceration.

Currently, there are approximately 25 Drug Court programs operating throughout the country, and they have had considerable success in reducing drug abuse and lowering the rate of recidivism. With a $1 billion, 6-year commitment to Drug Court Programs, the Crime Bill will enable us to take many more hard-core drug users off the streets and into treatment. The first 29 million for Drug Courts has already been appropriated. I have met several times over the past year with those judges who are leaders in the drug court movement, and am encouraged by their commitment and dedication to expanding application of this concept.

An additional $383 million has been allocated for *Drug Treatment in Prisons and Jails* to create a treatment schedule which will cover all drug-addicted prisoners by the end of fiscal year 1997. In conjunction with the funding for Drug Courts, this is the biggest commitment ever made by the Federal government to breaking the cycle of hard-core drug use and related crime.

EMPOWERING COMMUNITIES

Fully two-thirds of the Crime Bill's funds go directly to communities for anti-crime and anti-drug efforts. Moreover, these funds will do more to help communities fund comprehensive anti-drug strategies that meet both the immediate security needs of a community—through more police, more prisons, more boot camps, more reasonable Federal gun policies, and the long-term social problems related to crime—through drug and crime prevention, drug treatment, and improved Federal coordination of these programs. For example:

> The bill will put 100,000 new police officers on the streets, walking the beat, working with citizens to prevent and solve crimes. *Community Policing* combines an increased police presence with the development of partnerships with communities to create safer neighborhoods.

The President's initiative to put 100,000 more police on the streets and expand community policing has always been one of the central tenets of the Drug Strategy. Community policing, something with which I am very familiar, evolved from the police response to drug abuse and trafficking. The widespread availability and use of illegal drugs in some areas overwhelmed local police departments—as well as other parts of the criminal justice system—making clear that simply enforcing the criminal laws was not a sufficient response to the drug crisis. A new approach was necessary; an approach that took a broader view of the traditional role of police.

Community policing provides a new approach to the role of the community and to problem solving. We needed more police working in partnership with neighborhood residents. Traditional law enforcement could not solve the drug problem alone, and it certainly couldn't be solved without the community on our side. More arrests don't provide long-term solutions to closing down open-air drug markets and crack houses. Community policing can help reduce the number of abusers at risk for hard-core use by making drugs less accessible and less acceptable within the community.

The Administration has already awarded 254 grants to cities across the country to hire more than 2,000 new police officers. In many cities, these officers will work to shut down open-air drug markets and close down crack houses. In other cities, these officers will work with our young children to teach them the dangers of drugs, gangs, and guns. With the Crime Bill's passage, we will be able to invest an unprecedented $1.3 billion this year to hire more officers and expand community policing. A additional $7.5 billion will be available to continue the program for the following 5 years to hire 100,000 new officers.

Other strategies include:

> *The Ounce of Prevention Council* will coordinate new youth development and youth-oriented prevention initiatives.
>
> *Local Crime Prevention Block Grants* combine more than 12 separate grant programs to be distributed by a violent-crime rate formula. This will give local communities the resources they need, and the flexibility they want, to fund effective crime prevention programs.

Model Intensive Grant Programs will fund comprehensive crime and prevention programs in chronic, high-intensity crime areas.

Family And Community Endeavor Schools (FACES) will provide in-school assistance to at-risk children, including education and mentoring.

Gang Resistance Education and Training Program (GREAT) will help kids fight the allure of gang membership. A Youth Academy Program will prevent youth violence by getting kids off of the streets and into other activities.

The *Local Partnership Act* will provide grants to thousands of American cities to fund health, education, and crime prevention programs.

Community Schools will provide grants to community groups to keep schools open after hours and on weekends to provide a place for kids to go and stay out of trouble.

The *National Community Economic Partnership* will open lines of credit to community development corporations to stimulate business and employment opportunities for low-income, unemployed and underemployed people.

Increased funding for *Boot Camps* and other alternatives to incarceration will ensure that space is available to keep violent offenders incarcerated.

Each of these initiatives contributes directly to the Strategy's focus on the need to empower communities with an integrated plan of education, prevention, treatment, and law enforcement to reduce drug trafficking and use. The Crime Bill will put more police on the streets, take guns out of the hands of criminals, create innovative approaches to local crime and violence prevention, and give children healthy alternatives to drug dealing and use. It gives our communities and our families something to say yes to.

CURBING DRUG USE AMONG OUR CHILDREN

One thing on which we can all agree is the importance of doing everything we can teach our children about the dangers ofillegal drugs—to help them make smart and informed decisions so that they never turn to drugs in the first place. This is a central tenet of the President's Drug Strategy. Passage of the Crime Bill codifies our commitment to expand our anti-drug efforts to protect our children.

First, at least $855 million in the crime bill is dedicated to prevention activities aimed at our youth, thereby establishing a series of drug prevention programs comparable to the broadly supported Drug-Free Schools Act of 1986, which Congress and the Administration have worked diligently to reauthorize this past year.

Second, building on our experience with the Drug-Free and Communities Schools Act, the Crime Bill's prevention programs deal with violence and drugs together. They allow us to teach our children about gangs, guns, and drugs at the same time and to make the point that these activities are all dangerous. We know that drugs and crime are inter-related. Our children need to learn that lesson as well.

ONDCP REAUTHORIZATION

In your letter of invitation, you asked me to address the ONDCP's expanded authorities included in the reauthorization provisions in the Crime Bill. Let me first state, Mr. Chairman, that I appreciate the confidence you, Senators DeConcini and Hatch, and the Committee have placed in ONDCP to carry out its mandate. These new tools will strengthen the role of ONDCP and help achieve the goal of reducing illicit drug use in our country.

The new authorities fall into three general categories: formulation tools, implementation tools, and outcome measures.

FORMULATION TOOLS

The *Drug Budget Initiatives* provision gives the Director the authority to request the head of a department or agency to include in the department's or agency's budget submission to OMB funding requests for specific initiatives consistent with the President's priorities for the National Drug Control Strategy; and the agency or department head shall comply with such a request.

The *ONDCP Budget Guidance*, which tracks the President'& Executive Order 12880, November 16, 1993, instructs the Director to provide budget recommendations to the heads of national drug control program departments and agencies by July 1 of each year for the next following fiscal year to address funding priorities developed in the National Drug Control Strategy.

Achieving Certification—Pursuant to the July 1 budget guidance, if a request is not certified as adequate to implement the objectives of the National Drug Control

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Strategy, the Director shall include in the certification an initiative or level of funding to make the request adequate.

IMPLEMENTATION TOOLS

Reassignment of Staff—The Director can request the head of a department, agency, or program to place personnel engaged in drug control activities on temporary detail to another department or agency in order to implement the strategy and the head of the department of or agency shall comply with such a request.

Two Percent Resource Transfer—The Director has the authority to transfer up to two percent of funds appropriated to National Drug Control Program's agency account to a different drug control account, upon advance approval of the Appropriations Committee.

Funds Control Notices—The Director can issue a funds control notice to control the obligation of national drug control program funds.

STRATEGY OUTCOME MEASURES

The reauthorization contains a list of outcome measures with which to evaluate the effectiveness of the National Drug Control Strategy. The law requires an assessment of both supply-side, as well as demand reduction programs to measure the effectiveness of the strategy. ONDCP must also report to the Congress on the adequacy of the drug use measurement instruments and the efficacy of the drug abuse treatment system.

Mr. Chairman, recognizing your key role as the author of the law creating ONDCP, I believe these expanded budget authorities re-state the original goal of Congress in establishing this office in 1988. A central agency mission is to play a pivotal role in fully involving the Cabinet in the development of the Federal drug control budget and ensure that the President's priorities in the National Drug Control Strategy are reflected in the Administration's budget proposals. These expanded budget authorities will enhance ONDCP's role, and the Crime Bill conference report confirms this by envisioning close consultation between the Director and the House and Senate Committees on Appropriations when utilizing the budget implementation tools.

As a Cabinet-level agency within the Executive Office of the President, it makes sense that we work in close concert with the White House, OMB, and other affected Cabinet-level agencies to formulate the national drug control budget. One of the underlying principles in the creation of ONDCP was to insure that drug policy receives appropriate priority in the formulation of overall national policy. This is underscored by stressing the need for budget coordination across a number of cabinet-level agencies. My goal is to utilize these authorities to foster an atmosphere of teamwork and cooperation within the Executive Branch to carry out the President's drug strategy and priorities.

The new strategy outcome measures reflect a growing belief among drug policy professionals that traditional criminal justice and supply-side performance measures do not yield adequate analysis to measure the effectiveness of the National Drug Control Strategy. In addition, the charge to ONDCP to report on the adequacy of drug use measurement instruments and the efficacy of the drug treatment system is consistent with our current efforts through the Hard-Core Users Survey and the quarterly *Pulse Check* to assess the character of the chronic hard-core drug using population and the prevalence of drug use among groups that are not effectively measured by the existing instruments.

ONDCP's Office of Demand Reduction is working closely with the Department of Health and Human Services to improve treatment effectiveness, and foster higher quality clinical research.

CRIME BILL IMPLEMENTATION

In conclusion, Mr. Chairman, the Crime Bill enhances the Federal government on the path to take on chronic hard-core drug use, and empowers communities to take on drug abuse and trafficking—fundamental shifts suggested by the Administration's 1994 National Drug Control Strategy. The unprecedented investments in the Crime Bill in Drug Courts, Treatment in the Criminal Justice System, and Community Policing give state and local governments the tools and resources they need.

By directing such significant resources to prevention programs, the Crime Bill cements the Federal government's commitment to help teach about the dangers of drugs in the first place. This is key to the President's Drug Strategy; the Crime Bill guarantees that it will continue to be so for years to come.

The Administration is committed to the proper and timely implementation of these programs. On the same day the President signed the crime bill, he appointed the Vice President to oversee and coordinate the Crime Bill's Ounce of Prevention Council to make sure that we don't lose a golden opportunity to reach out to our youth. And the Attorney General appointed Associate Attorney General John Schmidt to oversee every aspect of the legislation's implementation. Meetings have been convened to discuss the implementation of the Crime Bill with mayors, law enforcement organizations, U.S. Attorneys across the country, and a hotline has been established at the Department of Justice to field inquiries. There is an Administration-wide effort to work as quickly as possible to finalize necessary regulations.

Within the next week the Justice Department will award approximately 300 additional community policing grants to communities whose grants went unfunded last year, and—by mid-October—an experienced law enforcement executive will be named as Director of the community policing program.

The Crime Bill presents us all with an opportunity to improve the lives of everyday people who work hard and play by the rules. It represents good crime policy and good drug policy, and the Administration is 100 percent committed to making it work.

WHERE DO WE GO FROM HERE?

As we begin to develop the National Drug Control Strategy for the next fiscal year, it is clear that our Strategy has not changed. Our goals and objectives will remain the same because our analysis of the problem has not changed: addressing chronic hardcore drug use and providing increased access to treatment must be our top priorities. However, we need to become more creative about how to implement such a strategy.

Our goal then must be to create alternative ways of achieving the same objectives. In an ever tightening fiscal climate, we must develop enforcement, treatment and prevention priorities that Congress will fund.

The CHAIRMAN. Now, we have our next panel, and it is my intention, and I apologize to the witnesses, but I would like to just go right through lunch. So the third panel, if you are here and you want to sneak out and get a sandwich, now is the time to do it because I am not going to break for lunch.

Our first panel is Chief Bob Smith, if you would come forward, chief, and Robert Allen, Claire McCaskill, and John Ratelle. Let me tell for a record a little about each. Chief Smith is public safety administrator for the city of Tampa, FL. As both the chief of police and public safety administrator, Chief Smith is overseeing the development and implementation of the QUAD, the Quick Uniform Attack on Drugs Program, that is regarded as one of the most comprehensive community policing efforts in the Nation. He began his career with the Tampa Police as a patrol officer in 1960 and rose through the ranks. He served as chief from 1981 to 1985, when he was appointed the city's first public safety administrator.

Robert Allen is a community activist who organized Tampa's first Neighborhood Watch Program in 1979, and founded the North Hyde Park Civic Association, with 2,885 residents, in 1992. He has been integrally involved in the establishment and success of the QUAD Program as a member of the QUAD Community Crime Study Committee. He is a retired sales manager and customer service representative for an industrial electronics company.

Claire McCaskill is the prosecuting attorney of Jackson County, MO. I have been reading a lot about Jackson County. I just reread Truman's biography, that new one. I have got to talk to you about Jackson County. It was fascinating.

Ms. MCCASKILL. I would like to.

The CHAIRMAN. She was a leader in the establishment and operation of the Comprehensive Drug Court Program there. She served

in that office as an assistant prosecutor from 1978 to 1982, then spent 6 years in the State legislature. She declined to run again in 1988 and started her own litigation firm. She was elected county prosecutor in 1992 and is now vice president of the National Association of Drug Court Professionals.

It is a pleasure to have you here, Ms. McCaskill.

Ms. MCCASKILL. Thank you.

The CHAIRMAN. John Ratelle is warden of the Richard J. Donovan Correctional Facility in San Diego, CA, where he is in charge of 4,500 male felons. He began his career in corrections 32 years ago—as my mother would say, no purgatory for you, son, straight to heaven—in 1962 as a corrections officer, and served in various capacities within the California Department of Corrections until his appointment to warden in 1987.

I welcome you all. Thank you for making the effort to be here. Chief, why don't we begin with you, and we will proceed from there.

PANEL CONSISTING OF ROBERT L. SMITH, ADMINISTRATOR, DEPARTMENT OF PUBLIC SAFETY, TAMPA, FL; ROBERT L. ALLEN, COMMUNITY ACTIVIST, TAMPA, FL; CLAIRE McCASKILL, JACKSON COUNTY PROSECUTOR, KANSAS CITY, MO, AND VICE PRESIDENT, NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS; AND JOHN RATELLE, WARDEN, R.J. DONOVAN CORRECTIONAL FACILITY, SAN DIEGO, CA

STATEMENT OF ROBERT L. SMITH

Mr. SMITH. Thank you, Senator. I would like to say that I certainly support Director Brown and his expanded efforts and expanded responsibilities, also, and would not like to see them reduced.

I do appreciate the opportunity to appear before you this afternoon, and certainly thank you for the passage of the crime bill. Our city has received a supplemental police hiring grant. By the way, we received it back in August, and this week the first officers from that grant will be deployed on the street.

The CHAIRMAN. That is great. How many did you get?

Mr. SMITH. We received 30.

The CHAIRMAN. Great.

Mr. SMITH. And five go to work this week, and an additional group is being processed for employment as we speak. So, thank you very much.

The CHAIRMAN. Good for you, Chief; good for you.

Mr. SMITH. We also look forward to seeing that other 100,000 placed on the streets of our cities.

The CHAIRMAN. They are coming.

Mr. SMITH. Quite frankly, wherever they are placed, they will make a difference, so thank you for that.

I also would like to tell you that there are community policing strategies at work, there are programs at work. Any time the police work in close cooperation with neighborhood residents, positive and lasting changes can occur. One such example you alluded to earlier, and that is QUAD, Quick Uniform Attack on Drugs. That was

funded with local dollars, but there is no reason why it couldn't be replicated with some of the Federal crime funds that are available in other cities. Its objective is the elimination of open sale of street narcotics.

The issue of the street-level drug sales was very critical to us because that is where violence was on the increase, that is where the supply and demand met, and that is where most harm to neighborhoods occurred. Between 1985 and 1989 when the drug epidemic struck our city, as it did most other cities, I might add, the police department conducted investigations working largely independent of residents.

In fact, during a 3-year period, we made over 12,000 drug-related arrests in our city alone, which, by the way, is about 5 percent of our total population. Certainly, there were multiple arrests and offenders. However, neighborhoods remained unsafe, violent crime increased, and the public began to lose confidence in the police. Traditional police strategies were ineffective to deal with that particular problem. Crime, particularly violent crime, continued to rise.

Critiquing our own initiatives and reviewing other cities' efforts, we found similar discouraging results. No city seemed to have a successful means to combat the street-level drug sales. After a careful study, we concluded, at least in our city, that a successful strategy to combat street drug sales had to involve 10 elements.

Number one, the strategy had to be citywide. Historically, cities would attack drugs in one neighborhood and they kept moving to another. We determined that a good strategy must be citywide in scope.

Number two, there had to be a long-term commitment to the program. Our motto, quite frankly, is "As Long As It Takes." We will never give up on the effort to free our city of drugs. We don't care how many times we have to arrest a dealer; our officers and our citizens are committed to doing just that. The fact that they are repeat offenders doesn't discourage us. We continue.

Thirdly, there has to be adequate resources. Our QUAD Program consists of 40 officers and 1 supervisor, 1 lieutenant.

The CHAIRMAN. What is the total in the police force, Chief?

Mr. SMITH. Eight hundred and forty-two.

Citizen involvement had to be solicited and maintained. If you will recall, I mentioned earlier that most of our investigations were done independent of citizens, although we used paid informers, as most other people did. The very heart of the QUAD Program is the direct support of hundreds of citizens who report directly to their QUAD officer. There are citizens supporting this effort from numerous neighborhoods throughout the city. In fact, wherever we make drug arrests, we can almost be assured that there is some citizen in the background supplying us with information.

Fifth, there has to be a method to communicate with the individual citizens without exposing them to fear and retaliation. People were afraid of drug dealers, so we took a page from the dealer's MO; we used beepers. Every QUAD officer has a beeper. The citizens in his area know his beeper number. If they see drug-dealing or suspected drug-dealing, they beep the officer and he calls them on the phone, never has to confront them face to face. In fact, in

the years that we have used QUAD, we have never had to subpoena a citizen to court. If we can't make a case without the citizen, we will figure out some way.

The CHAIRMAN. So it is not the traditional method where you would receive a call from somebody saying, I am looking out my front window and there is a drug deal going on in front of my house, and they call the headquarters?

Mr. SMITH. No.

The CHAIRMAN. Be precise as to how it works. Are QUAD officers on the street at the time they get——

Mr. SMITH. Many are on the street. Many may be at home, may be off duty, but every single neighborhood in the city has regular officers, but it also has a QUAD officer assigned to that neighborhood who has met with the neighborhood church leaders, the neighborhood civic leaders. They know that 24 hours a day——

The CHAIRMAN. Do you mean to tell me that old Mr. Allen here has, in effect, the home phone number of a cop who is off duty and he can just buzz him when he is home having dinner?

Mr. SMITH. If it relates to drugs, he certainly can do that, right, 24 hours a day.

The CHAIRMAN. Good for you. How do your cops like that?

Mr. SMITH. The ones in it like it.

The CHAIRMAN. I am not being facetious. I am being very serious.

Mr. SMITH. No; I am serious. There is a high degree of morale in the QUAD squad because they know that they have really made a significant change and an improvement, and they sort of buy in. This is their neighborhood and they don't want drug dealers in their neighborhoods, so it works.

Sixth, there had to be an immediate and guaranteed response. That was missing in the other programs. People called the police and they would respond, but no followup. So, now, with the QUAD Program there is a guaranteed response which gives the whole program credibility, and it also causes the citizens to continue to support the program because they know there will be a decent response.

The strategy also has to involve officers from every unit. If detectives on the street see drug deals, they report it to QUAD. It is not like drive by it and ignore it. Everybody has to buy into it throughout the department.

It also has to involve other city departments. Recreation leaders, park directors, code enforcement, fire inspectors, building and zoning inspectors—they are all oriented to the QUAD concept and they all funnel information into it. If a playground director sees a drug deal, he has the beeper number of a QUAD officer, also, and reports it and the response is made.

Ninth, there has to be some way to monitor constantly. We do that with the residents in the areas, as well as routine patrols and the observation of QUAD officers.

Lastly, there has to be active media involvement. We take the media out on every significant drug bust that we do, and over a period of years the media has become a very strong ally. They actually accompany us or are present when we make an arrest, film the arrest, and we feel that the media involvement has done a great deal to educate the public.

Now, what is happening is that Tampa's QUAD program does embody those ten elements, and since we have used that program we have seen a significant reduction in street drug sales. For 1991 and 1992, we also experienced a crime reduction. Unfortunately, for this particular year, 1994, we are seeing an increase in crime, but it is primarily nondrug-related juvenile offenses, particularly auto theft, which is up considerably in our city.

There are noticeable improvements in the appearance of Tampa's neighborhoods. There is an increase in community involvement in civic associations. We have about 165 neighborhood watches and about 60 neighborhood civic associations, and needless to say the relations between the police and the residents are greatly improved.

The CHAIRMAN. How big is the city of Tampa?

Mr. SMITH. Two hundred and eighty thousand, but we have about 700,000 in our county and the majority of them do work in our city.

We realize that enforcement and police actions alone won't solve the drug and crime problem, so what we have also done in our city and county—there is great coordination between the city and county—we have expanded available drug treatment from 35 beds to 135 beds, and I might say that 14 of them are directly funded by the Federal Bureau of Justice Assistance and a number of the others are funded by alcohol and drug grants.

The CHAIRMAN. But you are a cop. Aren't you kind of soft on crime, being for treatment? What is the story here? I hear my friends here tell me about soft on crime; grab the criminal by the throat. Why are you putting him in treatment? You are a cop.

Mr. SMITH. You have got to do it all. It is a revolving door if you don't put them in treatment. I am a cop and I like to put people in jail that need to go there, but there are a lot that don't need to go there, or if they do, we don't need them to go there for the rest of their lives, quite frankly.

The CHAIRMAN. By the way, the only reason we wrote this treatment stuff in the bill is it wasn't from social workers. Cops came to me and said they had to do this.

Mr. SMITH. That is right.

The CHAIRMAN. I just want the record to reflect that, though. I always get this malarkey I hear on the floor, grab them by the throat; throw them in jail; don't spend money on this, coddling these people and putting them in treatment. You are a coddling cop. I am worried about you.

Mr. SMITH. Well, it is our cops that encourage treatment. In fact, our cops came up with an idea of why don't we have a drug treatment counselor with us when we make the drug arrests. So, now, when we do reverse stings and arrest just the user, the nonviolent person, usually there is a drug intake counselor with the officer. As soon as we make the arrest, they interview the candidate or the individual.

The CHAIRMAN. You are kidding.

Mr. SMITH. There is a very strong tendency on the part of the user to go into treatment under these circumstances.

The CHAIRMAN. Does the community support you in this?

Mr. SMITH. Of course, they do. We have an annual breakfast to raise funds for drug treatment, and we have about 900 citizens and business people show up for that breakfast. In fact, the county just recently made our drug treatment program, which is nonprofit—just this year, they made it a line item in their budget. So our local treatment program no longer has to compete competitively for funds. It has proved itself in the last few years. In fact, it is a nationally accredited program.

The CHAIRMAN. Good job.

Mr. SMITH. If I could conclude——

The CHAIRMAN. No; I would like you to keep going. You are making some sense.

Mr. SMITH. Well, I don't want to imply that everything is perfect, but there are an awful lot of great things happening there in Tampa and many of them are the community policing type concepts. There are so many things I could say, but certainly time doesn't allow us to do that.

I know there has been some criticism of the crime prevention portions of the crime bill.

The CHAIRMAN. You mean the pork?

Mr. SMITH. Well, I don't think it is pork if you can prevent kids from a life of crime, you know. Otherwise, you are going to house them in jail for 90 years, and that is not practical.

I would strongly support the crime prevention portions of the crime bill, and we have a lot of examples of programs that do work, some between the police and the school—dropout programs, truancy programs. In fact, we have three schools that sentence their suspended students to the Police Athletic League. The parents sign a contract with the police department agreeing for their kids to be in our truancy program for 10 days, or whatever. There is a school teacher there, so during that period of time they are suspended they are under police and school influence. They go back to school and they are not behind in their school programs.

In conclusion, I would recommend your support of any prevention and intervention efforts that strengthen families and help promote moral and spiritual values.

Thank you.

The CHAIRMAN. Thank you, Chief. That is an impressive program. By the way, I want the record to show we are not taking your assertions at face value, because our people went and looked at your program, too. This is a good program. I am going to come back. I want you to be thinking about it. I want you to tell me what is wrong with the program.

Mr. SMITH. I am sorry?

The CHAIRMAN. When I get finished, I am going to ask you what is wrong with the program, and the Federal Government coming in and providing dollars—does that hinder you? Is that a bad thing? Does that diminish local input? Does that diminish support?

The third thing I am going to want you to talk about is how did you get the matching funds for these cops you recently got. We are told that this won't work. I mean, you know, Charlton Heston told us, as if he came down handing down the Ten Commandments, that there are only 22,000 cops in this because no local people are

going to come and put up any money for these cops. I would like you to talk to me about those three things.

Mr. Allen, I understand him; he gets paid. What is the matter with you?

STATEMENT OF ROBERT L. ALLEN

Mr. ALLEN. I am one of those individuals who likes to get involved, and particularly when there is a problem. I don't know all the answers, but I have the aptitude to go find those people who might be able to give me those answers, and I think that is what happened back in 1979.

I would like to just start by reading a statement here that will give you some insight on our program with the QUAD squad.

The CHAIRMAN. Please.

Mr. ALLEN. In April of 1979, I became involved with the Community Policing Program, later called the Neighborhood Watch program. The Neighborhood Watch was organized in my neighborhood by residents of the community and members of the city of Tampa Police Crime Prevention Department.

During the period of working with the crime prevention department, our neighborhoods were experiencing very high crime problems; i.e., home burglaries, assaults, drugs, rapes, destruction of private property. With the effort of neighbors and police, we were successful in getting the high crime rates reduced by 20 to 30 percent in just 30 to 60 days.

In 1989, the City of Tampa High Command introduced a program to various cross-sections of neighborhood leaders involved with fighting crime and drug problems in the inner city. This program was introduced as the QUAD squad, an acronym for Quick Uniform Attack on Drugs. The program was well received by members of the community. I was particularly impressed with the program because it offered the residents of the community an opportunity to interact with police officers working in our neighborhoods.

In my community, a section in the southern part of the inner city, our active narcotics area entitled Quad D has numerous arrests for drug sales made daily. These arrests involve and include street drug sales, sales of drugs made from duplex apartments and private homes.

One case, in particular, that I can recall is one involving my neighbors, the Neighborhood Watch team, and the members of Quad D. This case, as we know it today, involved the manufacturing of crack cocaine and facilitating and marketing the use of local apartment buildings where crack cocaine was smoked in private quarters.

With the combined efforts of the Neighborhood Watch team and QUAD Squad D, 13 individuals were arrested at this location. As a direct result of these arrests, the Neighborhood Watch team, with cooperative help from the QUAD squad, was successful in attracting the City of Tampa Housing Inspection and Code Enforcement to perform a legal inspection at this apartment for code violations. There were several code violations, and this resulted in closure and vacating of this building.

I am happy to tell you the bright future of this apartment building because some time later the property was purchased by a pri-

vate owner and the owner has invested a sizable amount of money and time and he, as of today, calls this building home for him and his family.

The intent of the QUAD squad was to open lines of communication and to demonstrate to communities how easy and safe it is to get involved in the war against crime and drugs when citizens participate. The members of QUAD Team D attend every monthly Neighborhood Watch meeting, and at these meetings neighborhoods are given input to QUAD D—

The CHAIRMAN. Now, these are cops? These QUAD D people are uniformed police officers, or plain clothes?

Mr. ALLEN. Yes, sir. In fact, the area that I am coordinating is QUAD D and, of course, we work closely with those people not only in just monthly meetings, but we interact with them during the week, too.

The members of QUAD Team D attend every monthly Neighborhood Watch meeting, and at these meetings neighbors give input to the QUAD D in the form of an impulse crime watch report. This report is a two-part report. One, it reports to QUAD D very valuable information about the criminal activity; and, two, it identifies the location, such as the address, or if the activity is street drug sales or a more elevated drug scene where the operation has moved indoors to either an apartment, business, or a private home.

Last month's committee meeting of Neighborhood Watch coordinators and the command sergeant supervisors of QUAD met and discussed the problems of all of the active communities. We discovered all areas had different, but somewhat unique drug activity problems. These problems are juvenile and teenagers, young adult activity in the sale of drugs, and auto theft. These activities create a nuisance in the community.

To address these problems, several different actions have taken place—getting youngsters off the streets by getting them involved in several sports and entertainment programs, such as midnight basketball; opening local neighborhood gyms for more nighttime activity; curfew; parental neighborhood activities, such as lawn parties, fish fries, et cetera, et cetera, and all of these activities are coordinated by the QUAD squad and the Neighborhood Watch team.

We coordinators, some 165 of us, applaud these meetings because the opportunity to participate is a great process.

The CHAIRMAN. Mr. Allen, I am sorry to interrupt you, but let me ask you, how long do these people stay coordinators? Is this a faddish thing where they come in and they are a coordinator for 6 months and then they move on? I mean, do you actually have people with staying power in this?

Mr. ALLEN. Yes, sir. I will give you my example. Since 1979, I have been a coordinator.

The CHAIRMAN. I know about you, but the other 160—are these people sort of floating in and out? I am not being critical. I am just asking.

Mr. ALLEN. It does vary, Senator. I know that there is probably a third of those who came in during the 1979 period who are still active with the group.

The CHAIRMAN. That is amazing.

Mr. ALLEN. Before QUAD, street corners displayed violence, with thugs fighting over turf. Innocent neighbors were gunned down, caught in crossfire with these thugs. These problems are now being addressed. Together, we are making a difference, a difference of safe and drug-free neighborhoods.

With the effort of members of QUAD meeting with local inner-city neighbors mapping out various plans of action, we have in a small way met the challenge. It took courage for neighbors to come forward and take part in the activity and effort to change the violent crime scenes in their communities. The members of QUAD put out their hands in the line of duty, and some beyond the line of duty, and spoke out: Yes, we will help you take back your streets and neighborhoods.

Before leaving home to arrive here at the Senate hearing, my Neighborhood Watch group met with the sergeant supervisor of QUAD D, which is in my community, and planned a Community Crime Stop the Violence March that will intervene the 7th of this month, which is Friday. This will involve both my community, which is North Hyde Park, and the West Tampa community which is north of us. This march is designed to eliminate the street dealers and to bring direct attention to their prospective customers.

During the months of June and July, the members of QUAD A, a narcotics-active area located in the eastern part of the city—I would like to just elaborate about this area because this is a heavily populated area that includes the housing project in the area. It is a low- to middle-income community. Their goals and objectives were to separate the good kids from the hardcore offenders. They combined their efforts and those of the Police Athletic League, along with the public housing authority, developing sports and classroom activity.

One other thing the QUAD X Ray Squad did, which is a conglomerate or a mixture of four white officers and four black officers, is that they put together a black history study program; also, a job fair to promote employment for inner-city youngsters. They put that program together, too, and we were so enthused about it. Something like 230 people attended and I think they got jobs for about 60 or 65 people in that. This involvement would allow the QUAD X Ray Squad and neighbors to work toward making safe and healthy neighborhoods in which we are living.

In a continuation of effort to meet their objectives, the officers will work close with the neighbors, and also work with those who are absentee land owners. In our community, we have a problem with absentee land owners, those individuals who own apartments, and so forth. They have allowed certain things to happen. They have allowed their property to deteriorate, and so forth, but with the work of the QUAD squad, and also with the City of Tampa Housing Authority, we have been able to turn that program around.

They will work with absentee owners, owners of duplexes, to identify and get evicted those who are selling the narcotics and those who are allowing the dealers safe refuge from law enforcement officers.

Senators I can clearly speak for the over 100 Neighborhood Watch coordinators in the city of Tampa that we stand 100 percent

behind the concept of Quick Uniform Attack on Drugs, and together we hope to win this war on drugs. That is why we understand, to keep this program in a successful mode, there must be expansion in the program, such as additional street officers, expanding community policing programs where it involves the beat cop; drug rehab programs for firsttime offenders; and the family unit needs to be overhauled, educating parents and teenage parents. We understand that much has been done, but we are aware that much, much more must be forthcoming.

Thank you.

The CHAIRMAN. Thank you very much, Mr. Allen.

Ms. McCaskill?

STATEMENT OF CLAIRE McCASKILL

Ms. MCCASKILL. Senator, I first want to say it is an honor to be here. In a personal aside, I want to tell you that out in the heartland it is sometimes difficult to sense leadership in this place. We have difficulty out there sometimes detecting any tenacity or passion about a subject matter in the Beltway, and I want to tell you that as a law enforcement frontliner that is in the trenches with blood and death, we appreciate your passion and your tenacity in regard to the crime bill.

I have told the young prosecutors in my office that if they want to see a good example of oratorical skill which they should all be striving toward, they should watch your speech on the floor of the Senate in the closing hours of the debate because it was a masterful job of oratory, and I wanted to pay you that compliment.

The CHAIRMAN. Thank you very much.

Ms. MCCASKILL. I am here as a prosecutor and as the vice president of the National Association of Drug Court Professionals. I had hoped that some of the more skeptical members of the committee would have been here for me to assure them that I am not a liberal do-gooder social worker, that I am very much a no-nonsense prosecutor who, since taking office, has increased the number of people going to the penitentiary in my community by over 20 percent.

We aggressively seek the death penalty in cases where it is appropriate. We have mandated prison terms for crimes committed with guns, and we have further eliminated plea bargain policies by targeting repeat violent offenders. I am here advocating drug courts because, as a prosecutor, I am going to tell this committee that they work. They reduce crime and they save money.

Our program began about 1 year ago. It was implemented not through legislation, as has been the case in many jurisdictions, but by the discretion of the prosecutor. I worked with a number of people in developing our criteria. We embrace what is in the crime bill; that is, it is nonviolent offenders with nonviolent records who have a drug problem. We have resisted widening the net because we have our work cut out for us in that population.

As you are familiar, the drug court model works because you have a figure of authority, the judge, in the robe, that sees these people on an ongoing basis, develops a relationship with them, has the ability to praise them when they comply with the conditions of our program. In our courtroom, it is not uncommon when someone has had a particularly good 4 weeks for the judge to say, I want

everyone in the courtroom to stand and give this woman a round of applause. Or through the benefit of a corporation that has donated movie passes, the judge might say, here is a movie pass for you and your family; why don't you go take in a movie to celebrate how clean you have stayed.

On the other hand, he sometimes frequently says, bailiff, come and get him; he hasn't gotten the message, he needs a wakeup call, he has had a dirty urine since the last time, take him over there and let him sit in the jail until Monday and I will talk to him then and we will see how serious he is.

You have that immediate punishment and reward, with intense supervision and constant, random urinalysis. You also have a much more rigorous program than traditional probation. People ask, why are people opting for drug court as opposed to traditional probation, which doesn't have near as many hoops to jump through?

They are opting for it for several reasons. First, because they need it, and most of their lawyers are responsible enough to recommend to them that they need it. Sometimes, they are doing it to avoid a felony record because their job would no longer be available to them if they had a criminal record. Very few times, they opt for it because it is a way to avoid incarceration—someone who maybe has a previous conviction for stealing, someone who believes they may not be able to make it on probation and will be revoked on probation because of the severity of their drug problem.

I want to stress community involvement, and I am pleased to hear that the committee will remain very involved in implementation. I would caution, however, as a local program that you not try to design the drug court programs in cookie-cutter fashion. Every drug court is like a snowflake; it depends on the personality and the leadership in each community.

The CHAIRMAN. That is true.

Ms. MCCASKILL. Aside from having some very strict model guidelines, like judicial supervision and nonviolent offenders, I think it is important that you let the leadership, as we did in our community, take hold and design a program that works.

We have involved our full employment council in job training and job placement. We have involved our community development corporations in placing these guys out rehabing drug houses that our community policing has helped shut down. We have involved, as I say, the corporate sector by asking them to help us pay for our medals we give our graduates, and provide movie passes for people who are doing well.

Our statistics are very good, as most statistics are across the country in jurisdictions that have adopted this model. Recidivism is, in fact, diminished by this program over traditional probation or incarceration. Importantly, it does show that treatment works. As someone who is in the front lines in terms of violent crime in this community, we are an incubator for the drug bill in many ways because our community enacted a local sales tax to deal with drugs back in 1989.

The CHAIRMAN. In what sense? Is it a dedicated tax?

Ms. MCCASKILL. Yes; we have a quarter-cent sales tax that is dedicated not just to police and prosecutors, but to the model that

you have now embraced on a national mode; that is, we have money for treatment, prevention, and diversion.

The CHAIRMAN. How big is that in dollars, roughly?

Ms. MCCASKILL. It generates $14 million a year in Jackson County.

The CHAIRMAN. That is a serious program.

Ms. MCCASKILL. We do $2.5 million in treatment, $1.5 million in diversion, $1 million in crime prevention, and we are seeing our community turn the corner.

The CHAIRMAN. And the community supports that?

Ms. MCCASKILL. Yes, the community supports it. We had nothing to copy after when we began and there were some false starts, some planning problems. We didn't have a model to look to, but now the drug court is up and running and successful. We have dramatically increased the number of drug prosecutions in our community. We have dramatically increased the number of people going to penitentiaries. We have cut cocaine use among our children. Last year, violent crime was down in Kansas City, and we are on that same trend again this year.

The CHAIRMAN. Impressive, impressive.

The CHAIRMAN. Warden, are you a social worker? I keep trying to identify all these social workers I have been told are out there.

Are you a social worker, Mr. Allen?

Mr. ALLEN. No, I am not.

The CHAIRMAN. I kind of like social workers. I have got to find a couple to get involved in these programs.

STATEMENT OF JOHN RATELLE

Mr. RATELLE. I started as a correctional officer 32 years ago and I have never been known to be a social worker.

The CHAIRMAN. You don't look like one, Warden.

Mr. RATELLE. But, you know, we have a big responsibility with all these guys we have locked up in prison.

I would just like to preface my remarks that in California we have got 129,000 people locked up in prison today, right now, and with "three strikes and you are out" and all the crime bills that are passing, we are going to have about 202,000 guys like that in 5 years. At my particular prison, it is designed for 2,200 and has anywhere between 4,500 and 4,600 on a daily basis.

The CHAIRMAN. Four thousand five hundred and four thousand six hundred. These are all convicted felons?

Mr. RATELLE. All convicted felons that range from auto thieves to murderers and the whole gamut of crime.

About 5 years ago, the director of corrections asked me to look at a drug treatment pilot program for California, and would I be willing to do it in my prison. I said I would, and I was real skeptical of drug programs because I have seen programs come and go over the years and they don't work. The inmates know how to manipulate and play the game and get day-for-day credit and do their time and go home.

So I went back and looked at this program from Amity in Tucson, AZ, and decided that it was a realistic program that I thought we ought to try. I talked to the director and we started in about 1990. In my prison, there is one cell block of 200 that is dedicated

solely to this program, and one of the things I insisted on was, number one, that inmates had to voluntarily go into the program and want to change instead of my forcing them to change. Number two, they had to work everyday because in California, under the current law, you get day-for-day credit for everyday that you work or go to school or a program, a vocational training program. So I didn't want inmates to get day-for-day credit for just going through a drug treatment program.

We have been in existence now for almost 3½ years, and the program, I have got to say, has been better than I thought it would be. There has been a real good partnership between the Amity staff and the correctional staff, which is sometimes a difficult thing to accomplish. There is cross-training between both staffs on what correctional officers do and what Amity staff do, and what our goal is.

Of course, our goal is to get some of these guys not to come back to prison. I am getting tired of seeing some of these guys. I have seen the same guy over the same 32 years. We have been raised together, and he is getting older and I am getting older. I can retire and he is still going to be in prison and we are going to pay for it.

This program, of course, is an in-prison program. For 9 to 12 months, an inmate can participate in the program, and he goes through different varieties of treatment while he is in the institution, and he works. Then when he gets out, we have an aftercare program in San Diego, and that is our control group to see if the inmates in the aftercare program do better than the inmates that are not in the aftercare program.

Of course, the latest statistics show that the inmates in aftercare and in the treatment program itself do 25 percent better on not coming back to prison than the inmates that are not involved in the program at all. To me, that is a phenomenal accomplishment for convicted felons, guys that are career criminals.

We have got gang-related inmates, murderers, all kinds of inmates in this program, and that is a tremendous number when you think about—most inmates will tell you they want to change and they don't want to ever come back to prison, and they mean it, but when they get back in the community and in their neighborhoods, they can't do it because they can't stand on their own and accept responsibility. This program teaches inmates how to accept responsibility for themselves and the other folks around them.

Most of the inmates in prison have families and have children, and they are going to go out and be the role models for their children. We have got fathers and sons in prisons now. I don't want fathers, sons and grandfathers in prison, so we have got to do something and I think this kind of program is going to do it for us.

In fact, this pilot has worked so well that the Department of Corrections is going to build a 1,000-bed facility in Corcoran, CA, dedicated strictly to nothing but substance abuse programs. You know, that is a small number when you figure we have got 129,000 guys locked up, but every guy that we keep out of prison saves the taxpayers about $21,000 a year, and also reunites the guy with his family and makes him a productive member of society. We have got

to do that. I don't care what end of law enforcement we are in, we have to do that.

[The prepared statement of John Ratelle follows:]

PREPARED STATEMENT OF JOHN RATELLE

Amity San Diego began as a prison-based substance abuse treatment program at the R.J. Donovan Correctional Facility (RJDCF) in San Diego, California. This is a "joint venture" between the California Department of Corrections and Amity, Inc., a nonprofit agency which has extensive experience developing and implementing programs for drug abusers involved in the criminal justice system. The project is funded by the California Department of Corrections and designed to be a "model program" which reduces criminal recidivism by drug abusing offenders incarcerated at the Donovan Correctional facility near San Diego, California.

Amity at the R.J. Donovan Correctional Facility began accepting participants late in 1990 and now serves 200 inmates with another 100 on a waiting list. Unlike many prison-based substance abuse treatment programs—where inmates may spend an hour or two a week in meetings—Amity at R.J. Donovan demands a significant contribution from each of the participants, including daily encounter groups, seminars, and meetings. In addition to their treatment activities all program participants work a minimum of 35 hours per week. The program is modeled upon demonstrable success of previous intensive "therapeutic community" programs working with drug abusing criminal offenders. The program lasts from 9 to 12 months and is open to volunteers with a significant drug abuse history and who have at least nine months remaining before release and a willingness to work hard emotionally, mentally, and physically. We collect three to four hundred applications a month from inmates throughout the CDC system.

The first phase of the program, which lasts 2–3 months provides an orientation to the Amity community with its values of honesty, concern for others, productivity, educational achievement, and no substance abuse. The next phase continues for 5–6 months with participants taking increasing responsibility for their own behavior and learning now to be responsible role models within their community. As part of the final phase, participants work with correctional, parole, and treatment staff to develop an individualized exit plan into the community which emphasizes productive work, community supportive services, and relapse prevention.

Additionally, there is an internship program in the prison for lifers to be trained to work in this field. There are four lifers participating in this internship, two of them received their TCA certification to become counselors in the treatment field of therapeutic communities. They now work for Amity full-time in this project as counselors.

Amity staff with the cooperation of the California Department of Corrections of Substance Abuse Programs and the Parole Department have developed a community-based continuance system for some of the men paroling to the San Diego area. Intensive support services, including a residential facility, outreach and family services are provided during the initial months of settling back into the community. This enables the men to remain connected to the therapeutic process initiated at R.J. Donovan.

Also, in the aftercare, there is an internship program for participants to be trained to work in the field of substance abuse as counselors. There are eight interns in the program. There are four interns working in the Texas prison treatment project for Amity.

In this portion of the project, men stay for one year. The first six months is focused on family counseling, marriage counseling, parenthood, more in depth treatment on the individual, job skills, community services, socializing the participant, and reentering them in the larger community.

The last six months focuses on jobs and education. This portion of the project is when the participant goes out to work or school with the support of the therapeutic community and larger community.

After the last six months, groups of six participants move out together into what is called a "sattelite house." This is a house the Amity has rented to help move them into the larger community. The participants pay the bills and maintain the house. It is a strong support group because they live together and they stay attached to the main aftercare facility. After four to six months they move back with families or together in other living arrangement.

If a participant of the Amity R.J. Donovan project has not chosen to come to the aftercare treatment facility and is in trouble with drugs or criminal activity, this treatment facility is an alternative for the parole agent to bring them to the treat-

ment facility instead of the prison. Also, if a participant did not do well and returns to the Richard J. Donovan Correctional Facility on a violation or new charge, he has the option to come back into the Amity RJDCF project a second time. Many that return choose to come back into treatment to try again.

The National Development and Research Institute (NDRI) started research in April 1992. Out of 189 research participants, 112 were selected for treatment, 45 were selected from the control group, and 32 entered treatment but left the program prematurely. During approximately one year post-release, 33.9 percent program completers returned to custody. Fifty-three and one-tenth percent program dropouts returned to custody. Compared to the control group, 60 percent returned to custody. These statistics are the highest statistics shown in the country of the success of program participants. This population's profile has been determined one of the hardest groups of people to work with, with an average of at least eight years of prison time, strong gang affiliations, long history of substance abuse, and violent backgrounds.

INSTITUTIONAL MANAGEMENT

Since the treatment program has been in the facility, there have been less disciplinary write-ups, serious stabbings, and fights. There has been very little problem with program participants in the general population. If anything, it has made that facility an easier facility to manage. The unit that the program is in is a safer environment for correctional officers to work in, gives them an opportunity to be more involved, and there are less write-ups on the program participants resulting in cost savings for management.

OTHER IMPORTANT FACTORS

Cross-training of staff. Treatment staff complete a week-long training. Institutional staff go through a three-day training on the treatment facility and this is set up four times a year. We have found this very beneficial in building a team between corrections and treatment.

In closing, because of this Amity pilot project at RJDCF and the success of it, the State has made a commitment to build a new prison next year in Corcoran that will provide one thousand beds for treatment. The Amity model is going to be used for this treatment project. This will be a voluntary and involuntary program. Prison beds are at a premium and need to be filled and the involuntary participants will be used to fill beds that were not filled by voluntary participants.

The CHAIRMAN. One of the things I often point out is that—and I would like to comment on this—for years now I have been talking about treatment, not as the total answer, but as an integral part to whatever program we come up with, and I find it interesting that the determination of what constitutes success in a drug treatment program is held to a much higher standard than almost any other expenditure of taxpayers' dollars.

For example, you said 25 percent fewer of these folks find their way back. The average person hearing that would say, oh, my God, this program is a failure, only 25 percent. When we give statistics from the various programs across the country, whether they are in-prison or out-of-prison programs, and we show that there can be rates where there is success in certain programs of up to 60 percent, they focus on the 40 percent; you know, the half-full/half-empty glass.

Yet, if we applied the same rigorous standard that people seem to want to apply to drug treatment to education, to defense spending, to anything, we would shut down all our schools, we wouldn't build any more weapons systems. And for the longest time I couldn't figure out why was that, and I think part of it is, and I mean this in a positive sense, part of our Puritan ethic, which is that we say, you know, that person made an independent judgment to seek and use a substance that they knew was going to be detrimental. Then, in addition to making that judgment, they became in many cases hooked on it, so it has become a disease of the brain.

But the fact that they made a conscious effort in the first instance to do it should not absolve them, nor should they expect me to help them with my tax dollars after they have made a conscious effort to do something wrong, and then they went out and did something bad to me by taking my car, my purse, my life, the life of a friend, and now you want me to take money out of my pocket to cure them, to help them.

I think that is an understandable immediate reaction that people have. That is the only explanation I can come up with as to why people are so resistant even when you convince them it works.

The second thing is there is an overwhelming and understandable skepticism about any institution, whether it is medicine or government, working. You know, anything that has the letter "p" in front of it that may say "program" is probably something that is a waste of money, and we at the national level, in my view, are responsible for much of that by overpromising and underdelivering.

But, nonetheless, the reason I wanted the four of you to be the first panel of what is going to be many over the period of the next couple of years as we follow this through is that you are all professionals.

You were a professional businessman. Now, you are a professional citizen activist. You don't get paid any money, do you, Mr. Allen, for this?

Mr. ALLEN. No, sir.

The CHAIRMAN. I was being a little facetious when I said are any of you social workers because that implies there is something wrong with social workers, but this notion to have treatment as an integral part, or drug courts, alternative punishments and alternative ways of dealing with crime in the street, has traditionally been viewed as somehow the province of criminal-coddling liberals who only want to talk about root causes, or whatever. That is the way it is portrayed.

I don't think we are going to make any real progress nationally until we overcome that kind of stereotypical notion of what it means, and that is why I wasn't being facetious, warden, when I said you have a reputation for being fair, but tough. I mean, you are a warden in a system that is probably double the capacity that it was designed for.

Mr. RATELLE. Yes.

The CHAIRMAN. You have got some hardheaded folks that are in there, some real bad actors.

You are a professional, first-rate prosecutor.

Chief, you are a cop's cop.

You are a citizen, Mr. Allen, who has come into this from the perspective of being a businessman and being involved in business, and you are here.

I want to ask you each to answer three or four general questions that I have, and then I am going to submit some questions for you in writing and, at your leisure—I know you are all very busy people; I am not trying to make work for you, but I want to make a record here.

I want to point out what is always pointed out, implicitly, at least, that obviously you are the best we have out there. I don't want anyone to think that I am trying to promote this approach

that you all have been doing by going out and picking marginal programs. I mean, you obviously are the best. You are people who have dealt with difficult problems and been innovative.

Ms. McCaskill, you pointed out that you had no model. The truth of the matter is that when I sat down to write the crime bill, I used you all as a model. I went to the local communities to find out what the models were, and this is one of the few bills that you will find respective groups of people, State and local prosecutors, wardens, police chiefs. I actually called your various organizations in and said, OK, what do you need?

I didn't call in any political scientists or commentators or philosophers. I called in your folks, and so I unabashedly say we copied your model. We copied the Dade County model on drug courts. We copied the community policing model. We copied the drug treatment programs that are the most difficult to convince people make sense, and that is in prison.

I must tell you, warden, I started off a skeptic on this as well. I was one of the guys who in the beginning of this, 5, 6, 7 years ago—and I have been kind of doing this for about 12 years—thought that the in-prison stuff probably wasn't of much utility. Then I went to Delaware, and they have a Key program there; they call it the Key program.

One of the things that people don't realize, and I know you, in an editorial sense, don't like talking about, is there is a lot of drugs in prisons. So my first question for you, warden, is you talked about having a separate cell block. I assume there is more than one reason why this program had to be in a separate cell block.

Let me back up. Why is this In-Treatment Program in a separate cell block?

Mr. RATELLE. Well, number one, it is in a cell block, but in that facility there are four other cell blocks. So there are actually 1,000 guys in that facility. The inmates are housed together that are in the program and they have their treatment programs together, but they work with the other inmates, they go to meals with the other inmates, and they go to recreate with the other inmates.

What I was looking for, really, was not a pure isolation program where the guy didn't have access to drugs, he didn't have access to certain temptations, because that is not real-world stuff.

The CHAIRMAN. That is interesting.

Mr. RATELLE. So my attitude was he has to be in a program, he has to work everyday. That is real-world. He has to then go out and mix with 800 other guys who are out on a regular prison yard. Yes, drugs are in prison, so are they tempted? We do random urine samples. You know, we have very few dirty urine samples out of this program over the last 3½ years, so that tells me that it is working.

The number of rule violations in the program is less than the other inmates, and it has a positive influence on the other 800 guys in the facility. So, in that regard, it is separate, but it is also mixed with the general population.

The CHAIRMAN. I think that is a very important point because the model that has been used more than the one you have implemented has been the one like in my State. In my State, they have spent the extra time and money—it doesn't mean that it is a better

way, but to set up totally separate, completely segregated facilities where one of the people in the drug treatment program intermingle in any way with anyone else in the prison.

They have their own separate mess. They don't get to go in the yard. There is a concrete area not as big as this room where they recreate. There is basketball out there, some weights, and other things. They do not in any way mix with the rest of the prison population.

I quite frankly think that your success is something that everybody is going to have to take a real hard look at because, first of all, it is cheaper, but, secondly, it may be, in the long run, better, although there is a lot of disagreement—I shouldn't say a lot—there is some disagreement as to what is the way for success.

Your guy in your program is already partially tested when he walks out the door, having successfully gone through that program, because he is in the yard where drugs may be very well available, not in the same degree necessarily as they are on the street, not with the same pressures, but similar pressures. I mean, I can imagine these guys walking into the yard after being in this program and guys looking at them, like you so-and-so.

Mr. RATELLE. That is absolutely correct.

The CHAIRMAN. It is fascinating to me. I would like to ask your permission at the appropriate time whether you would be willing to accommodate having the minority and majority investigative staff here come out and observe your program at some time in the future because one of the things that we are going to be looking at, or the administration is going to be looking at is where to disburse these dollars.

We only have one guideline. Your point, Ms. McCaskill, is well taken. We should not try to do anything, in my view, other than lay out the parameters of a program that would qualify for the various pieces of this. But on the other hand, we should, it seems to me, have available—and that is what this literature I keep putting out is designed to do—measures by which other communities can look and say, well, this seems to work—here are the facts, here are the statistics, here are the numbers—as opposed to saying you must do it this way, to give people some ability to have insight into it.

So would you be willing, going through the proper channels with you, having—and I say investigators; I don't mean it literally it in an investigative way, the policy people on this committee, staff, come out and learn more about your program?

Mr. RATELLE. We would love to have you. We have had people from Texas out and, of course, now they have their treatment program, and other States. I would love to have you come out because I think you are right. This program may not be the panacea of all programs, but it does work and we are going to have to do something. We have got to start somewhere, so we might as well start here.

The CHAIRMAN. I appreciate that, and your presence here—I really mean this sincerely—speaks volumes because, again, we have got to get over this notion that treatment is coddling and it is the product of only interventionist social worker do-gooders, or however it is phrased. By the way, I don't see a damn thing wrong

with those interventionist social-working do-gooders, but that is not who this program has been designed by.

Let me ask all four of you the following question. Some of the thoughtful criticism of the approach that was initiated in the crime law and in some of the drug legislation that will be coming—the crime bill is not the horse to carry the sleigh. I mean, it takes a piece of it. My grandma would say it was not intended to be the answer to all of these problems that we are going to face with violence in law enforcement and drugs.

To put it in perspective, we are going to spend roughly $2.8 billion this fiscal year out of the crime bill on the programs we have talked about, and yet we will spend somewhere around $12 billion on the drug initiatives a year that are already out there. I want to put this in perspective, so I don't view this as the answer, OK?

But let me ask you the following question. Some very thoughtful people have suggested that the Federal Government taking this high-profile position that has been taken as a consequence of a lot of things on the crime bill is going to lessen local public support for the very things you are already doing by making it appear as though it is now a Federal responsibility, notwithstanding the fact that there are no Federal mandates in any of this. No one has to apply for it.

Would you each comment on that, how the knowledge of the fact on the part of the community that Washington just passed this—and I think they overestimate the economic commitment, but this $30 billion bill over 6 years—what does that do? Does it help you? Does it hurt you? Is it good or bad? Some suggest that it is not a good idea; it just allows mayors and county executives and prosecutors and wardens and others, although wardens and others don't set their own budgets, to say, well, you know, it is not my responsibility and I don't have to make the tough choice to go back to the chief or go back to the taxpayers and say this is what we are going to do, this is what we have to do; I am now going to be able to lay it off on the Federal Government.

Chief?

Mr. SMITH. Well, in our case, I see that as—certainly, that is not a valid argument. We see the Federal dollars as strictly augmenting and enhancing things that are already being identified that need to be done. We have a $69 million police budget. One million six hundred thousand dollars of that is QUAD, and now these additional 30 officers are going to be assigned to 3 targeted neighborhoods that we still have some issues that we haven't been able to deal with. I see it as a tremendous augmentation.

We have a drug court; we have a new drug division that is going on line, which is a step beyond the drug court because there we are going to look at the violent, repeat drug offender.

The CHAIRMAN. Are you going to be faced, Chief, with the following, the city council saying, well, look, now we have got this Federal money coming and we will just cut the local commitment?

Mr. SMITH. No; it hasn't happened. In fact, I think it is prohibited by your Federal rules. But, anyway, that would not happen.

The CHAIRMAN. Well, it is in terms of more cops, but it is not in terms of other programs.

Mr. SMITH. No.

The CHAIRMAN. It is not in terms of some of the other things we do here.

Mr. SMITH. The word I hear most from our local elected officials is enhancement, and that is exactly how we perceive it; a welcome enhance, I might add.

The CHAIRMAN. Mr. Allen?

Mr. ALLEN. Communities do look forward to the leadership from Washington, but by the same token our ideas and thoughts are that when the money is trickling down to the communities, we know that it will enhance the programs that are already intact; for instance, the QUAD squad, which we know is a proven program.

I heard you talk about other individuals and their thoughts about the drug program. I have spoken to several members of the community—attorneys, lawyers, and so forth— because they like to get involved in what we are doing from the grassroots level, and I hear those same sentiments. You know, why should I spend my tax dollars for someone who is a loser?

I would just like to comment on a story about an individual that I know personally, a young man who came from a very, very good family background who went into drugs. In fact, he had graduated from college and he came back home. We all had a lot of expectation of this individual, and he turned out to be one of the worst drug offenders or users on the street.

I tried to find out what causes a person to do that, you know. Why does a person go off, get an education, have an opportunity to come back in the world and perform, and yet he turned to the world of drugs? What I learned was astonishing to me. There was really and truly no real good reason that I found, other than the fact that this is a decision that this individual made.

I look at it from this perspective. If there were maybe better drug rehab programs, maybe this individual would have been saved. But I sincerely look at the fact that if there are more resources, such as money, and so forth, that are implemented and brought into communities, I just think it enhances the programs that are intact, and so forth.

The CHAIRMAN. One of things you should be aware of, and I think you are, is under the way the bill is drafted the Neighborhood Watch programs would qualify for help under the community policing portion, if you all decide that that is way you want to go.

Ms. McCaskill, is the Federal Government an impediment when they offer this kind of incentive, or a help?

Ms. MCCASKILL. I would make two points. I would say, first, I think that traditionally when crime has heated up as an issue, there is always a political response, and I can speak to that, since I join you in having to get reupped by my boss, the people in my jurisdiction where I run for office.

I think when there is a problem, there is a tendency in any government to want to fix it, and I think that the Federal reaction generally has been, well, we have got to put more money on crime. With all due respect to the fine people at the FBI, they do not now, and never will respond to 911 calls. The violent crime in this country will continue, and has always been addressed by local law enforcement efforts.

So the growth in budget in national law enforcement while local prosecutors' offices are struggling with dockets that an assistant U.S. attorney would faint if they looked at it, and salary levels, and a lack of police resources—I think it is incredibly refreshing that the National government, for a change, the Federal Government, has said instead of us with our egos and our attitudes saying we can fix it, why don't we pass resources on to the people that are in a position to deal with a problem that is so prevalent in Americans' minds right now.

The other thing that I think is important to realize is that local governments are not going to cut back on this area because politically they can't either. No one is suggesting that anybody cut back on resources to law enforcement right now in this country. I don't care if you are a city councilman or you are President of the United States.

The CHAIRMAN. How do you get your budget? Do you have to go before the city council?

Ms. MCCASKILL. I have to go through the county legislature, although the direct tax is a little bit different because it is a different animal. It is an earmarked tax.

The CHAIRMAN. But that is not the totality of your budget?

Ms. MCCASKILL. No, it is not by any means the totality of the budget.

I think a very important thing that the Federal Government must do in this effort is provide needed evaluation. If there is one thing the Federal Government can do better and that we need, it is the resources to come in and check us out. Let somebody else come in and look at our numbers, let somebody else come in and give us the expertise to find out what really is working and what is just rhetoric, what sounds good. You know, give us the cold, hard numbers. Are we sending the right people to prison? Are they staying long enough? Are we making a dent with the other programs that you are going to implement?

At the sametime you share resources, if you demand evaluation and provide the resources to do the evaluation, then I think we are going to stay on the right track with this.

The CHAIRMAN. If we don't, we are really going to lose the ability to do much about these problems because people are becoming increasingly cynical. I would rather this go slower. People say, well, by the way, Biden, why did you fund this so it is sort of backended; that the first year is only $2.6 billion, or thereabouts, and the last year is much bigger.

There are a couple of reasons. One, we want to pay as we go, and that is the way in which the monies are going to accumulate from firing or not rehiring Federal bureaucrats. But the second reason is that I want to be able to look at this program 2 years down the road and be able to frankly say, you know, I thought this part was working; it is not, this part is not working.

I have just been handed a note here. It says 3 percent of the State and local program is reserved for Justice Department evaluation and technical assistance. In other words, the money to evaluate is built into the legislation.

Now, the question is, look, we have never tried this before. I mean, local authorities have been telling me for 22 years, Joe, look,

don't send us more FBI agents, although occasionally for the Byrne Grant stuff and other things they do work, in my view, but, basically, you know, don't tell us how to do it; 96 percent of the crime lands on our streets, 96 percent of the people in prison, maybe higher, land in my jail, so send me some money to help me, if that is part of the Federal partnership.

But we have never sent this much and we have never tried to evaluate it. Just to gear this program up is a massive effort, and I just don't want us to—as you said, Claire, when you started off the drug program there were some glitches, and so the support from the public related to how well they perceived it working. Well, I guarantee you there are going to be glitches in this thing.

We are going to award monies to programs that are going to be administered by people who don't know what the hell they are doing, and they are going to seem like it on their face, or they are going to try it and not know how to do it. But I think we have got to be frank enough to say it is not working, this part is not working, if it doesn't work, and move on to something else, because if we don't the public is not going to stay around this.

Our next witness was in the first Drug Director's office, and the first time we came out I introduced a bill for, I think it was $12 billion, and it passed through here like a hot knife through butter. I mean, everybody was ready to fight drugs. Well, heck, you know, scores of billions of dollars later, people are looking and saying, wait a minute now. It is getting harder to get this support, and I don't want that to happen here.

Let me ask you another question, if I may. Chief, tell me what doesn't work. What is the weakest part of your program, the part that you are having the most trouble with, notwithstanding the fact that it has been a huge success?

I mean, if I am Joe Biden, colonel of the New Castle County Police Department, population 450,000 people, 670 police officers, and I am saying, OK, I am going to try to implement a program similar to yours. What is the biggest problem I have got to look for, Chief?

Mr. SMITH. This is going to sound facetious or terrible, or whatever. There are no problems that we can find in the QUAD concept if you institute with the full 10 principles involved. It works. There is no downside—the downside, of course, is the longer you get into it, you have got new people coming into it and you have got to make sure they have the same orientation and the same commitment to do what their predecessors were doing, but the public is always out there wanting to get on board. We moved from drug enforcement to cleanups. We picked up 80 tons of trash recently in a neighborhood with QUAD officers. So, you know, I wish I could——

The CHAIRMAN. How do the cops like this? You sound like you are creating a hell of a lot of work for them.

Mr. SMITH. Well, there is a waiting list of officers to be assigned to it.

The CHAIRMAN. Is that right?

Mr. SMITH. They really like the idea of community policing, and this is just one example internally within the department. There are others, but, truly, and it is hard to admit this—I almost wish

there was a problem I could tell you about, but the QUAD concept itself is a good one from top to bottom.

The CHAIRMAN. How would it work had you not had—and I am not looking for you to be complimentary to Mr. Allen, but how would it work if you did not have strong, and I assume it is strong, community-based leadership?

Mr. SMITH. It wouldn't work. We did, as I said, 12,000 arrests in 36 months prior to QUAD, and we were digging a hole for ourselves. In fact, many police managers in my department were about to throw up their hands and give up on the drug issue until we stumbled upon this concept.

The CHAIRMAN. Well, a lot of places have given up on the drug issue, and not because they don't care about it, but because it is an incredible allocation of their resources.

How many guys are in your prison, warden, that are there since the new, tougher drug laws have been passed? You made a point that under the new "three strikes and you are out" legislation and the sort of the fervor that is out there now, you are going to be looking at, what is it, 129,000 to 210——

Mr. RATELLE. In 5 years, 202,000.

The CHAIRMAN. You have been in this business a long time. What was the size of the same prison, the jurisdictional prison that you now run, 15 years ago?

Mr. RATELLE. Well, when I joined the department in 1962 we had 12 institutions and about 23,000 inmates. Up until 1984, we had 12 institutions and 29,000 inmates. So in less than 10 years, we more than quadrupled in size—almost quadrupled in size.

The CHAIRMAN. This has either got to work or we have got to frankly tell people it ain't working and try something new. We can't hang on to an approach that isn't going to produce results.

Let me ask you, how does community-wide policing, especially the citywide effort, Chief, deal—tell me a little bit more about this displacement problem, and maybe you can talk about that as well, Ms. McCaskill. What I have constantly heard, and it is accurate, to the best of my knowledge, is when basically you have these concentrated operations on open-air drug markets and/or high crime rate areas, drug trafficking areas, and you crack down on them, you can take them off that corner, figuratively speaking, but they just move to another corner.

So the net impact on the city—in that neighborhood, the net impact may be positive, but the net impact on the city, the jurisdiction, the county, is nothing. You are just moving pieces. How has that worked with you? I mean, if I went into Tampa and I asked the best crime beat reporter for the Tampa newspaper where the open-air drug markets are, would he identify where they are in your city? Are there some?

Mr. SMITH. I need to give you a quick explanation. When we first started QUAD, we identified 69 locations where it was a virtual supermarket almost 24 hours a day, with multiple dealers, and they had been arrested many times, but with multiple dealers. Now, over a period of several years, under QUAD, we would say that we have probably had as many as 170, 180 locations now where drugs have been sold.

As of now, there are probably somewhere around a dozen locations where drugs would be sold in any given week. Let's put it there, but you have no location, not one, where it is a supermarket effect, where it is 24 hours a day, and there are none—let's say, probably, maybe one or two, but at any given time almost none where there are multiple dealers working. He comes out around lunchtime to try to sell something and the citizens will call in if they spot him. So it has gone from about 69 virtual supermarkets to maybe a dozen isolated locations.

The CHAIRMAN. What county are you in?

Mr. SMITH. Hillsborough County.

The CHAIRMAN. And how big is the county?

Mr. SMITH. It is about 800,000.

The CHAIRMAN. And you are about 400,000?

Mr. SMITH. Two hundred and eighty.

The CHAIRMAN. Two hundred and eighty?

Mr. SMITH. Right.

The CHAIRMAN. What do your counterparts in the county say?

Mr. SMITH. Initially, they were not too happy with us because they felt like we moved it into the county area. But as a matter of fact, what they have done is they have duplicated the program in the county now, plus the expanded treatment and the drug court and other things have made a positive difference. You definitely will displace it unless you stay on top of it.

The CHAIRMAN. Ms. McCaskill?

Ms. MCCASKILL. I think that what you obviously have to do is you can't withdraw the community policing once you make the arrests. What has happened in most communities is that because there are not enough resources for community policing, we have been able to do the spots, but when the spots get cleared up there is a tendency to want to pull the community police out and go to the next spot. That is why it is so important that we have additional resources because the community policing concept has to be community-wide.

We just can't do it in spots because then, just like you say, you clean up the spots and they just move over to the next neighborhood. So the police officers staying in the neighborhood and knowing the people in the neighborhood and staying on top of the problem and staying active with the community leaders is the only way you avoid displacement.

The CHAIRMAN. I don't know whether you do know this, but we have in this bill that there is about—this is not a lot of money in terms of the scheme of the total number of prosecutors' offices in the country, but we wrote in about $200 million for local monies for local prosecutors and local judges, not under the control or anything of the Federal Government. So, hopefully, outfits like yours that have a track record and are showing that they are really making some real progress——

Ms. MCCASKILL. Senator, if I could, I think one of the things that is important to remember is you need to have neighborhood prosecutors, too. Just as the neighborhood needs to know their community police officers, they need to know someone who is in the prosecutor's office that can tell them why this guy got out, because the cynicism is so palpable out there that if you don't have someone

that is coming to the neighborhood meetings, that is representing the prosecutor's office, that is getting to know the neighbors, that is there to respond to their concerns—and the other thing we have found in terms of victim impact statements—we have a victim's bill of rights in Missouri where traditionally when someone has been the victim of a violent crime, they can come in.

We have been ignoring the impact on neighborhoods from street-level crime, and we are now through our neighborhood prosecutors bringing neighbors in to testify in front of judges at sentencing to say, well, no, he didn't rob me, or, no, he didn't kill me, or, no, he didn't steal my car, but, you know, I am afraid for my kids to walk by him every morning to go to school and he has impacted my quality of life in this neighborhood.

We have found that that is very crucial in getting some of the sentences that we would like to out of some of the judges for those dealers that we keep seeing coming back, and it is the involvement of a neighborhood prosecutor. So I think that we need to get beyond the concept that it is just police that need to be in the neighborhood. It is everyone in the Criminal Justice System that needs to be working with people like Mr. Allen.

The CHAIRMAN. I have one last question. I have a thousand questions, but I am not going to keep you here.

Chief, how did you convince the taxpayers of your county to come up with half the bucks, which is roughly $65,000, for the 30 new cops you are going to get?

Mr. SMITH. Well, in our particular case it was easy because we used—100 percent of our match comes from our drug forfeiture funds, so it was there and it was an easy match for us.

Back to the QUAD, when we financed that on an annual basis at 1.6, that required a special tax increase locally to achieve that, but that was brought about by a complete agreement on all elected—the mayor, the commission—that something had to be done. The complaints on drug-dealing were just coming in, 8, 9, 10 a day to the mayor's office, my office, and something had to be done. So there was a special tax to fund the QUAD which is still in existence. The 30 officers being hired through the Federal grant—the match is coming from drug seizures, forfeiture funds.

The CHAIRMAN. As you know, in the drug bill, the match you have to come up with is under the supplemental program we have.

Mr. SMITH. Right.

The CHAIRMAN. You and others are going to be able to apply for and qualify for additional monies from the drug bill, and we expressly allow the match to come from forfeited funds.

Mr. SMITH. Right. That was a good move.

The CHAIRMAN. Again, one of the criticisms is the localities won't do this.

Now, I must tell you, Ms. McCaskill, having been a local official, I remember those county council meetings where we would sit down and someone would say, how much would that cost, and they would say, well, that doesn't cost anything. And you would look and say, what? They would say it doesn't cost anything. And I would say, well, no, it is $17 million, and they would say, well, that is Federal money.

I know in my State, as we brought in additional monies for law enforcement, we would find the State legislature taking the money that came in for law enforcement in block grant areas and saying, OK, here is what we are going to do; we are going to cut local taxes and we are just going to supplant the money here.

We found, for example, money that was coming in—there is a criminal justice council, so the Byrne Grant money and drug money that would come into the State over the years separate from this crime bill—we found that their State legislature was saying, OK, we are going to take that money and we will pay for the salary of three of the prosecutors in the attorney general's office or the public defender's office, or whatever, and the net increase was not what it was supposed to be.

I want to make it clear. In this crime bill, as you have already figured out, Chief, when it comes to cops, you don't get any—if you have got 100 cops and you apply for 10 and you get 10 and you fire 1, you lose them all, you lose them all, because the promise to the public this is going to be a net increase in our law enforcement effort.

Warden, you are always at the bottom of the heap.

Mr. RATELLE. Yes. I notice there are no correctional officers in that bill, just law enforcement.

The CHAIRMAN. I will tell you what is in the bill, though. What is in the bill is $9.7 billion for prisons explicitly, and what we are hoping will happen is that as the cities and States apply for this—and this is one of the criticisms I got for hours on the floor—it allows the State prison system and the county prison system to use these monies not merely for—some of it is straight construction, but not merely for construction, so it can go to administration and salaries of prison officials.

So what happens here is under this bill—and we will literally give you a layout of this—what happens is we do not have the hold harmless provision, like we have for the cops—hold of harmless; that is not it—maintenance of effort, like it is for the cops. But what we expect will happen is you will be able to take much of the money—and there is $9.7 billion, more than there is in there for community policing—and enhance your staff.

Now, I can't guarantee that the State legislature doesn't come along and say, well, we are not going to continue to fund—they may decide it all has to go to construction. Do you follow me? But that is not the way it is supposed to work; that is not the intention of the legislation. So you will be able to hire corrections officers and provide salaries for corrections officers in this bill.

We found, for example, in the State of Florida there are 2,000 beds. I don't know whether it is one prison or two that are built, sitting there, brand new, and not a single person in the prison because they can't afford the maintenance of that prison. They got the money to build it and now they can't run it. They don't have the money to run it, so you will be able to use it for that as well.

So I think, warden, you might have the most thankless job of anybody in law enforcement. I mean this sincerely. You may have the most thankless job in the system, and part of the reason is that once these guys and these prosecutors and judges get them into your system, they don't see them—not they—the public doesn't see

them. So you are not under the same scrutiny on a day-to-day basis, but the bad side of that is you are forgotten. I hope you will see when you look at this bill that we didn't forget you.

At any rate, I would like to ask unanimous consent, and since I am the only one here it will be easy to get it, that I will keep the record open for those who would like to submit some questions for you. Again, I don't want to make work for you, but I have several questions I will submit to each of you, and I will invite you to submit questions to me. I mean that sincerely. I invite you to submit questions to the committee, and I will personally see that they are answered, about questions you may have relative to this legislation.

[The questions of Senator Biden are located in the appendix.]

The CHAIRMAN. I would like to ask one last thing. Chief, I don't know how this can be done in terms of budgets and the like, but I would like to ask you and Mr. Allen to consider whether or not you would be willing to come to my State with me.

My State has the advantage of being small enough and cohesive enough and still, God bless it, bipartisan enough that I would like to get together—I mean this sincerely now—all of the law enforcement folks in the State who are looking to see which models work and actually get them all together and have you all come and make a presentation about how you do it in your community.

We have a leading judge in my State named Geblein on our superior court, our court of general jurisdiction, who has been way out in front trying to establish drug court provisions. I might ask to call on your expertise, Ms. McCaskill, to at least speak with some of our people who are trying to now implement some of this.

I think my State, not because I am in the State and not because the people are any different than anywhere else in America, but because it is small enough—we may be able to use it as a little bit of a Petrie dish here, a little laboratory, to see whether some of this can work and be more integrated than it has been around the country.

It is awful hard to do it in California. You don't come from a State, you come from a Nation, warden. I mean, you have the seventh largest GNP in the world. You have a population bigger than Canada. You are a Nation, and I think it is awful hard.

But at any rate, I thank you all very, very much. I will be in touch with you on the point I just raised to see if you would be willing to consider talking with some of my folks, and I compliment you on your willingness to take the chances you have each taken.

Warden, a lot of people probably in the system would have loved to see you fail when you took on that approach, and I know that being in the business of going to our bosses, Ms. McCaskill, if you don't make it work, they let you know real quick.

Ms. MCCASKILL. They do.

The CHAIRMAN. I thank you all very, very much for your cooperation.

I have a telephone call, and I promise I will not take more than 2 minutes. Our last panel is made of a man who is a panel in and of himself, a guy who has been here many, many times.

John, give me just 2 minutes. I will come back out and then we will move. I thank you for your kindness in waiting.

[Recess.]

The CHAIRMAN. The hearing will come to order.

Our last witness is a man who is well known to this committee and to me personally, and was, as Acheson's book stated at the end of World War II, present at the creation, almost, of the National Drug Strategy. John Walters served in the Office of National Drug Control Policy for several years, and in many capacities. He was the chief of staff under former Director Bill Bennett, and the acting director before the office was turned over to Governor Martinez.

After leaving the Drug Director's office, Mr. Walters spent a year as a visiting fellow at the Hudson Institute, and now he has just become president of the New Citizenship Project. Before turning his attention and talents to the drug issue, Mr. Walters served as chief of staff and counselor to the Secretary of Education from 1985 to 1988.

John, it is a pleasure to have you back. You have been doing some serious thinking about this problem and you have been writing about it, among other problems, and we welcome your comments and are anxious to hear what you have to say.

STATEMENT OF JOHN P. WALTERS, FORMER ACTING DIRECTOR AND DEPUTY DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY, WASHINGTON, DC

Mr. WALTERS. Thank you, Senator, and thank you for the invitation and the kind introduction. I sent a rather long written statement which I would ask just be included in the record. I know you want to build a record for examining it, and I won't read from it. It is about the drug situation overall and includes some information that I hope you and your staff will find useful.

The CHAIRMAN. It will be included.

Mr. WALTERS. I will take a few minutes just to make a couple of comments for your consideration as you look at the issue of crime and drugs now and in the years ahead, because you have been consistent in being committed to this and, let us say, our fellow travelers have fallen off in number over the last couple of years.

The way I see the problem today—and I will make just four points—the way I see the problem today is we went through a period in the latter part of the 1980's when, even though we weren't always clear about it, the drug problem got better. It got better largely because, as you and we admitted, but had different priority, casual users diminished dramatically, particularly with cocaine, which is still the biggest source of crime and criminal wealth and criminal activity in the drug market. But casual use of cocaine dropped approximately 80 percent between its peak in 1985, as we can measure it, and 1992.

As a result of a lot of that casual flirtation, though, during most of the 1980's, we had a lot of addicts created. Particularly with the advent of crack, we had young addicts that created a large number of heavy users, about 2 million, and the estimates vary. That, we sought to attack with treatment resources, and you still seek to do some of that in the crime bill, as well as in the drug program budgets.

Let me just point to my testimony and refer to two sections; one, a chart on page 7 that traces Federal treatment spending between 1988 and 1995. That was the request of the Clinton administration on the top chart, and there is a bottom chart there that is the ONDCP–HHS estimate of the number of treatment slots and persons treated per year.

You will notice—and I say this not necessarily as a criticism, but as a reason concerning how we deploy these programs you alluded to with the last panel—that we tripled drug spending, but the number of slots and the number of people treated was roughly constant. In fact, it declined in terms of the number of people treated during that period, overall.

I think, from my experience, this is an issue of targeting resources to where the heavy addicts are, and of building in accountability into these programs so that the huge bureaucratic mechanism that this money has to go through between the Federal Government, State legislatures, State executive departments, local departments, and providers, doesn't absorb large chunks of the money without producing results.

We, and you with us, worked on various provisions to these programs to make them more accountable. There is still a problem here, and you are going to face the same problem, I would suggest, in some parts of the crime bill as you implement it.

Also, I would say that in terms of treatment, not only do you have to consider the different kinds of treatment—and I support treatment, but I do think that we do not have sufficient appreciation in this debate for the difference in the kinds of addicts and the difference in the kinds of treatment.

Hardcore addicts, people who have been, as you refer to them, addicts for years, sometimes 10 years or more, are extremely difficult to treat successfully, the research data shows. I quote some of the studies in my testimony. I do think we ought to minimize what we promise here, for reasons, I think, of diminishing cynicism, as you alluded to earlier, but also because I think we have to be hardheaded about what we need to do to help these people, to the extent to which we can, and it may be limited.

In addition, the victims of this now—the hardcore addicts who are maintaining the biggest demand on consumption as casual use has declined—are more and more focused in the most severely disadvantaged parts of our population. I provide the available data. The data is frustratingly incomplete. It is more and more in the central city. There is an aging addict population. The addicts are more and more getting sicker and sicker as they age.

These are also the people, I would say, with the least political power, and I do think that is an issue as we look at how we ply resources and maintain these programs. A lot of money has been spent on drugs, but at no point in the 1970's, let alone the 1980's, did the Federal spending on drugs ever exceed the Federal spending on NASA, for example. I like the space program, but the issue is one, also, of priorities, and I say that to you knowing you fought hard for this.

The other thing that I would suggest is that, as my testimony indicates, I am very much for testing and treatment programs in the Criminal Justice System. We tried to do some of that on a tip-toe

basis. People balked at the cost. I think people ought to insist on it not just with Federal money, but with their State and local authorities. But they must be willing to be consistent in holding people accountable in these programs, and that is a big problem in trying to make places that don't work, work.

You saw a lot of people here who were very impressive in the work they describe. The problem I think you face in the drug problem, as well as crime, is in cities and communities where law enforcement, prosecutors' offices, and others don't work very well right now. We, some people said stupidly, tried to speak to the situation in Washington, DC, right after the drug office started—a difficult situation. We did put extra resources of the Federal Government in. I don't think we were particularly successful.

I do think that to maintain the accountability of local officials and to maintain some awareness of the different problem between maybe supplementing efforts of people who are doing a good job and jump-starting something that isn't working very well—that is a much more difficult task and I am not sure we have solved that.

So I think there is a treatment problem in matching treatment to where it is needed. I think there is a treatment problem in getting effective treatment, and I think there is a potential problem in the emphasis on treatment. I would urge you—and I will leave this with you. The Justice Department just put out another publication, as it does on criminal justice data, this one entitled "Drugs and Crime Facts, 1993."

There is a summary of the available data about recidivism among people in drug-testing and treatment programs in the Criminal Justice System. The data is not the newest, but it is the best available data. It shows there is a positive effect, but it is not as great as one would desire, and I will leave that for record. Again, that is every kind of program, not the best. If you can control quality, which is hard from Washington, you will probably get a better result, as you saw with the previous panel.

[The document referred to follows:]

U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Statistics

Drugs and Crime Facts, 1993

A summary of drug data published in 1993

Drug data produced by BJS 1
Access to current drug data 3
Drug use by offenders at the time of offense 4
Prior drug use by offenders 7
Drug-related crime 8
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Recidivism of drug law violators

Of 27,000 drug offenders sentenced to probation in 32 counties across 17 States in 1986, 49% were rearrested for a felony offense within 3 years of sentencing.

Rearrest offense	Percent of drug probationers rearrested
Total	48.9%
Violent offenses	7.4
Property offenses	10.3
Drug offenses	**26.7**
Trafficking	**14.9**
Possession	**11.8**
Weapons offenses	1.0
Other offenses	3.5

Of all probationers rearrested within the 3-year period, 1 out of 3 were arrested for a drug offense.

Drug abusers were more likely to be rearrested than non-abusers.

Drug abuse	Percent of probationers rearrested within 3 years
Non-abuser	36%
Occasional abuser	44
Frequent abuser	55

Compliance with drug testing or drug treatment while on probation indicates a lower likelihood of rearrest.

Special conditions	Percent of probationers rearrested: Total	Satisfied condition	Did not satisfy condition
Testing or treatment	51%	38%	66%
Testing and treatment	51	36	65
Testing only	53	34	67
Treatment only	47	42	67
No testing or treatment	48	—	—

— Not applicable

In a separate study, BJS gathered 3 years of criminal history records for a sample of persons released from prison in 1983 in 11 States. The percentage of offenders rearrested within 3 years was:

- 50.4% of drug offenders
- 54.6% of public-order offenders
- 59.6% of violent offenders
- 68.1% of property offenders.

Drug offenses accounted for 14% of new charges against all those rearrested. Among drug violators released from prison, 24.8% were rearrested for a drug offense.

Offense	Percent of drug law violators released from prison in 1983 who within 3 years were: Rearrested	Reconvicted	Reincarcerated
Drug offenses	50.4%	35.3%	30.3%
Possession	62.8	40.2	36.7
Trafficking	51.5	34.5	29.4
Other drug offenses	45.3	34.5	29.1

Sources: *Recidivism of felons on probation, 1986-89*. *Recidivism of prisoners released in 1983*.

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Drugs and youth

Data from the National Crime Victimization Survey show that in the first half of 1989, 2 out of 3 students ages 12 to 19 reported availability of drugs at their school.

Availability of drugs was reported more often by —
- public school students (70%) than by private school students (52%)
- students in grades 9 to 12, compared to students in grades 6 to 8.

Similar rates of drug availability were reported by —
- white students (69%) and black students (67%)
- students residing in cities (66%), suburban areas (67%), and nonmetropolitan areas (71%).

Many students reported that they could obtain drugs at or near their schools.
- 30% said marijuana was easy to obtain, 27% said it was hard to obtain, and 16% said it was impossible to get.
- 11% said cocaine was easy to obtain and 9% said crack was easy to obtain.

As reported in the 1991 BJS *Sourcebook of criminal justice statistics*, a 1990 national survey of fifth and sixth graders found that —
- 15% knew adults or older kids who tried or who use marijuana; 5% knew kids their own age who tried or who use marijuana
- 10% knew adults or older kids who tried or who use cocaine; 2% knew kids their own age who use cocaine or crack
- 90% agreed with the statement "drugs bought on the street are not safe to use"
- 7% said they will probably have tried drugs by the time they enter high school.

As reported in the 1992 BJS *Sourcebook of criminal justice statistics*, of 1992 high school seniors —
- 32.6% reported having ever used marijuana/hashish
- 6.1% reported having ever used cocaine
- 1.2% reported having ever used heroin.

1992 high school seniors reporting they could obtain drugs fairly easily or very easily

Marijuana	82.7%
Amphetamines	58.8
Cocaine powder	48.0
LSD	44.5
Barbiturates	44.0
Crack	43.5
Tranquilizers	40.9
Heroin	34.9
PCP	31.7

Mr. WALTERS. Two last points. I think there is a domestic enforcement problem at the Federal level that we tried—I would say we made some progress, but we did not solve it. When I left office at the end of the Bush administration, the Colombian Government had Pablo Escobar basically on the run. The Medellin cartel had been chased, harassed, arrested; it was not effectively conducting business as it had been at the beginning. But the Cali cartel and some other spin-offs had been doing a great deal of business.

One of the estimates we had at that point was the Cali cartel was taking about $300 million a month out of the United States in drug sales. Now, that is not the whole business in the United States; that is how much they take back to the home office. Most of that, we know from the demographics that I have summarized in my testimony, and that you know all too well, is coming out of crack cocaine sales in the inner city.

If you and other members here in the Congress could put a $300 million-a-month development program into our inner cities, it would be an enormously beneficial and desirable goal. What we have got is a destruction program going on through the sale of drugs, pulling money out and pulling out lawful authority and order.

I mention that because this is not a penny-ante operation. It is big business, it is sophisticated. It has big people and important people, and it can be attacked. We have not at the Federal level—and this is something the Federal Government has to do—we have not at the Federal level said to our law enforcement agencies—and we tried to move in this direction and we were not successful, so I say this with that admission—said to our law enforcement authorities, what is your plan to systematically dismantle the major drug trafficking operations in the United States. Who are they, where are they, and what is your plan to do that? What is your plan to make a difference?

In the entire drug area, we have had extreme difficulty, as in other policy areas—and I think this contributes to the public cynicism—saying what is our plan to make a difference and how are we going to hold ourselves accountable. I like the goals we used to have, and we could argue about where the goal line should be set, but we had a goal. Frankly, your insisting on the goal made it easier when I was in the drug office to insist in the Executive Branch that you had to have a goal, and that brought some seriousness and focus.

We tried to do something like create the 10 most wanted drug organizations in the last drug strategy which was not accepted, but what we need to do is hold the FBI and DEA, principally, and the Justice Department accountable for mapping out a strategy that doesn't have to be told to everybody if there is an issue of intelligence. It ought to be told to you and key Members of Congress and the executive branch. As much as possible, the American people ought to know what is going on. We ought to systematically dismantle these people.

The last point I will make is on source countries. We, with encouragement from you, tried to reach out to source countries for cocaine, in particular—the socalled Andean Strategy—and use our own interdiction resources, which we expanded using the U.S. mili-

tary, and work with them in going after the headquarters of cocaine trafficking, in particular, in South America. We had some success.

I try to highlight here in the latter parts of my testimony how the only measurable—and, again, the data is frustratingly limited—the only measurable reduction in hardcore users and hardcore use, reflected in emergency room admissions and in estimates published by the Clinton administration's Office of National Drug Control Policy—the only measurable reduction occurred because we reduced the supply of cocaine on the street, by all apparent measures, and that helps treatment work and it helps people get off drugs that are trying and struggling. We have not sustained that.

Cocaine is coming in much more rapidly. Interdiction efforts have been cut. All of this has been summarized in my testimony and was summarized in some earlier comments in this hearing. I won't go over that. Right now, we face a situation in Colombia where I think the Federal Government also has a responsibility because only the Federal Government makes foreign policy.

By all press reports, and I don't hear what isn't in the press anymore, we have a government in Colombia now—the performance has lagged in the last few years, but we have a new president where there is considerable reason to believe his administration received money directly from the Cali cartel. We have serious reason to believe that the government there has no intention of seriously reducing the effectiveness and the size of the Cali cartel. They know who these people are. We share information. We know who the operating lieutenants are and we know what is going on.

That means we have a foreign Nation now—and the person who was in charge of the DEA operation there who just left made quite a splashy goodbye statement that appeared in the Washington Post, as well as reverberated in Colombia. Nonetheless, I think he was right.

You voted for, as did everyone else in the Senate, an amendment to the Foreign Assistance Act that would have prohibited money going from the United States to Colombia until the President could certify that they were fully cooperating and that corrupt individuals, or people we had reason to believe were corrupt, were not receiving the money. That was then taken out in conference, with heavy lobbying from the State Department and the Colombian Government.

You can use whatever provision you want. The fact of the matter is—and we have a summit with Latin American leaders in Miami in December. The Colombian Government now has no excuse. We know who these people are. They are shipping poison that is killing Americans and American children in our cities.

Yes, they have tried; yes, they have suffered, but the cost of enslavement and destruction is in our inner cities and we have an obligation to protect those American citizens. There is one country, and it is within their capability to do it. It is a matter of political will, and if they will not demonstrate the political will, my recommendation is that there are all kinds of provisions in existing law, not only cutting off of aid, but of sanctions.

I would go so far as to say, because I think this is a serious problem and it ties into poverty and a lot of other things, in addition

to crime, including child abuse, if the Government of the United States can't bring itself to be tough here, then I think people like yourself and others and private citizens ought to band together and try to seek our own way of providing some sanctions against Colombia.

It has some very visible products. It has some very visible interests in the United States that peacefully, responsibly, but determined, Americans can show, stop sending the crack. I think the time of reaching out, of partnership, of cooperation has been long, has been hard. We have struggled, but right now we are at a dead-end.

There is more cocaine. There are signs of some increasing use among young people which we have to be concerned about, and I do not believe we will be very successful, frankly, despite the best efforts of the treatment community, in treating people when, when you talk to them, they say if they go back to their communities, open-air drug markets are a feature, drugs are cheap, drugs are widely available.

As we said, I think, in a hearing with Mr. Bennett, who always liked folksy analogies, it is like having a bunch of obese people in a room to talk about losing weight and saying, before we start, let's bring in pizzas all around, and now let's work on your problem of eating. It simply is not realistic to expect cheap, available, open-air sale of drugs to be a condition of people who live in those communities trying to get off crack cocaine.

I appreciate your inviting me, and if I can answer any questions I will be happy to do so.

The CHAIRMAN. Thank you. I don't quite frankly disagree with much of what you said. That change in the conference report with regard to the foreign aid bill occurred after the new President of Colombia made a series of commitments on the drug issue, and it was thought by my colleagues that he should be given a chance to see if he could keep those commitments and live up to those pledges. I share your view. It appears that those pledges have not been lived up to and, quite frankly, I think there are a number of ways in which we can and should respond.

I think your notion, in effect, of dealing with, which we have done, for example, in the environmental area—to make an analogy some will think inappropriate, when tuna boats continued to fish on dolphin and were killing hundreds of thousands of dolphins in order to get tuna, we didn't get much response from the international community. So I wrote a little piece of legislation that has had a little bit of effect requiring people who package tuna in the United States to, on their label, have to certify that they don't fish on dolphin.

I got widely criticized for getting the consumers, if you will, involved through sort of an organizational net that the Government placed out there. We didn't pass a law saying you couldn't do it. There is an existing compact which is honored in the breach, but I think your idea—I mean, Colombia sends a lot of coffee into the United States, for example, and flowers, a lot of cut flowers, into the United States, multibillion-dollar businesses, and I think it has to be revisited.

Let me, though, not put that aside like it is not important, but move to another aspect of interdiction, and that is how do you assess, John, our initiatives through the Defense Department. We spend a lot of money these days—and I must admit that I was one of the people that was pushing it. I think there were some skeptics within your office at the time. I think you turned out to be right, and there was a reluctance on the part of the Defense Department initially to take on certain responsibilities beyond—well, there was a reluctance to take on any responsibility, but beyond using satellites, monitoring, radars, et cetera. But, now, about $700 million goes to the Defense Department for the drug effort.

What is your general assessment of that expenditure?

Mr. WALTERS. One of the nice things about being out of Government is that you can be a little franker. I don't want to say we never were frank up here, but you have to explain the policy and what is going on.

The CHAIRMAN. I understand.

Mr. WALTERS. I always thought—not that I make a difference, but I always thought it was necessary to get the Defense Department seriously into the game of interdiction.

The CHAIRMAN. So did I.

Mr. WALTERS. The reason is, in order to provide the capabilities, you have to have Defense Department resources, and once you get them in the game they are too big to have smaller specialty law enforcement agency—not to mention the bureaucratic problems, but they are just too big to have somebody else tell them what to do.

Now, the problem with the expenditure money on Defense and the way this plays into the drug debate is an enormously costly political problem, as we found and as you are finding, and you may argue on political grounds it is not worth it. The reason is what people then say is, well, you have got all this money in Defense and in interdiction; you ought to move into treatment.

Now, you know and I know that Defense Department money on drugs does not compete with treatment dollars. Defense Department money on drugs competes with Defense Department money on other Defense Department things. In fact, the real cost of using Defense Department equipment and personnel is plastic in a way that other places aren't.

When you buy an FBI agent or a DEA agent and equip an office, and so forth, that is a dedicated, known quantity. When you borrow the Defense Department, because it doesn't have any particular dedicated drug assets, it gives you an Aegis cruiser to look for drug-trafficking aircraft. Well, no one would buy an Aegis cruiser to look for drug-trafficking aircraft, and you are not going to park an Aegis cruiser when you say, OK, you are not going to look for drug-trafficking aircraft because it is principally used for other national security interests. The same thing is true with AWACS and all kinds of other systems.

So, in a certain way, Defense Department money is less than it appears in the budget, but we honestly present it in the budget. My real argument would be to say there is no foreign national security threat that is killing more Americans, that is destroying more of American life today, not in 1989, not in 1985, than drugs. It comes

from outside the United States. There are specific capabilities that the Defense Department has that can be crucial here. They ought to be made responsible for reducing the flow of cocaine into the United States and managing it.

After we left, the Coast Guard was made responsible for managing the interdiction effort. In the last 6 months—no criticism to the Coast Guard intended—they have done a lousy job, basically because the Coast Guard has spent its time having to do other things. Now, sometimes DoD has to do other things.

We had a good effort that was showing results until Desert Shield and Desert Storm, when we said, I think rightly, and I think the Congress would largely agree, they need these aircraft and ships to protect American troops in the Gulf. That was fine. The problem is we didn't get them back when the Gulf was over.

You have to maintain flexibility, and it is not just a matter of brute force and how many hours you can have. Someone has got to be responsible for saying, today it is your job to stop as much of the flow of cocaine or heroin into the United States as possible. You set the view of what kind of intelligence we need, you set the view of how the law enforcement and the military and intelligence assets work together.

No one is accountable now. The drug czar is not accountable, the Secretary of Defense is not accountable, and you are not going to haul the commandant of the Coast Guard up here and say he is accountable because it is just not believable.

So some of the management tools you give the drug office that it sounds like people are trying to slip out of, which I am not surprised at, might be helpful. But the one single thing I would say is make someone accountable and constantly make them come up here and say how they are going to make a difference.

The CHAIRMAN. That is why I have continually fought, as you well know, to enhance the powers of the Drug Director. Ultimately, the person who is responsible is the President of the United States in the sense of what the policy is, but it is also, as strange as it sounds, not believable to haul, figuratively speaking, even, the President of the United States up here, while everything else is going on in the world and the Nation, and say, by the way, you personally did not map out this strategy and direct the following.

So it has to be somebody, and I really continue to be convinced that our last best hope for that is in this office, but the bureaucratic fighting and the turf battles, although much less than when you and I started this effort, are astounding. I mean, you have no idea—you are probably the only person in the room that does have an idea.

I am not kidding you. Within 24 hours of my putting that stuff in the crime bill, the deal was cut and I didn't even know about it. You know, I am out there, figuratively speaking, celebrating. One of the things that no one paid attention to, but I think is fundamentally important, was that the drug czar's office had enhanced powers to maybe be able to be held more accountable.

The ultimate reason is—you have often heard me use the expression that I will not use again publicly, but as my dad would say, I like to know who is accountable so I know who to nail, because the biggest thing up here is, well, it didn't happen on my watch.

But it is amazing to me the resiliency of those who wish that not to occur, and it seems to transcend administrations.

I admit that I have been disappointed—and I make no bones about it and I have said it publicly—I have been disappointed in this administration's focus and commitment on the drug issue. I have been very pleased from my perspective with their focus and commitment on the crime issue, but they are not distinguishable. They are clearly fungible, and there has not been the focus on, in my view, the focus on the drug issue.

Now, I want to ask you to comment—and I am not going to keep you a longtime; I know you have got a thousand things you have got to do. But comment on the following argument, if you will, of those who go out there and say, look, international drug interdiction, particularly in the Defense Department—and the expenditures of dollars for that effort have gone from about $95 million to $750 million since 1988. The tonnage of materials seized is up considerably.

For example, in 1992 the U.S. and foreign governments interdicted about 310 metric tons of cocaine, an increase of 107 metric tons. However, cocaine estimates are up at least 110 metric tons over the same period, the end result being that although we are seizing a lot more, there is, in fact, a lot more coming in, leading people to the conclusion that unless we do something about demand that we haven't been able to do up to now, we are not going to be able to outstrip supply, or interdict. How would you respond to that?

Mr. WALTERS. I would also go back to Latin Americans, who have a reasonable request in saying, well, you have got to do your part. I would say we have done our part to a remarkable extent in terms of the decline in casual users. That is where addicts come from. Addicts are the problem. An 80-percent reduction in people who are in the pipeline—some of them will fall off casual use into heavy use and become addicts. That is an important reduction.

We still have this core of heavy users that we have not been able to effectively reduce substantially, or as substantially as we would like. My argument is not antitreatment, but to say, to make treatment work, to get at that problem and the crime and the money associated with this, you have got to shrink supply.

I would say the same is true for marijuana. We have got more marijuana use. We have cut back domestic marijuana eradication. Marijuana is cheaper and more plentiful. Supply and demand work here, and you have got to make them work together. There is a kind of crazy ideology where you are either on one side or the other, and I think that is a silly waste of time.

The CHAIRMAN. I agree.

Mr. WALTERS. But in terms of what happens in the volume of supply, there are two things we didn't know when we were doing the Andean Strategy that we are now beginning to see. The first is it turns out there isn't as much potential cocaine, it looks like, as we thought there was. The DEA, in cooperation with other agencies, has gone back to try to revalidate the estimates we have produced to the State Department each year. They began in Bolivia and they are now doing Peru, the two biggest growing areas.

It turns out that the various conversions for extracting this from the plants were off by a third. They, in fact, can produce a third less in Bolivia, and they are about to produce published results for Peru. I suspect from what I have seen, and I don't see as much, that they are also going to show that.

So, that means that, first, every seizure now is a third bigger in terms of the universe of the substance. People used to constantly repeat, because they didn't know what we were doing, well, we get 10 percent. Well, we were doing a third. Now, it is like we are doing more than a third. We did not have perfect intelligence and we did not have penetration to figure out how much difficulty this was causing the cartels, and we need better knowledge now, but we did produce changes on the street.

I also would say, though, with all that aside, the issue is not—and we said this in the drug office repeatedly to the interdictors—the issue is not how much you seize; the issue is how much you stop. We didn't care whether you seized a single kilo if you could disrupt their business so they couldn't get the stuff here. You can disrupt it financially. You can disrupt transportation, you can disrupt management, you can disrupt communications, what you need to do is do that.

We have estimates of the projected potential cocaine based on a survey of how big the crop is. We do not have a good way of adjusting how much of the crop doesn't get harvested, and it gets harvested in some cases, as you know, three or four times a year. Sometimes, it doesn't get harvested. We can't predict that. So when we talk about seizures, we don't know how much of what we think they could have sent and they actually tried to send down the pipeline we knocked out. It looks now like they never sent about a third as much as we thought they were because they didn't have that to produce.

In addition, and why I think right now is a particularly important time, there is a parasite to cocaine that is now spreading through the crop in Peru. We got initial reports of this at the end of the Bush administration. Everybody said it doesn't make that much difference. This last year, the State Department report said this parasite, which is a soil fungus which kills the plants, has destroyed a third of the crop.

Now, not only is the universe smaller than we used to think it was when we were in office, but the new universe—and Peru is the bread basket of coca, as you know—just got shrunk by a third, and they cannot reproduce plants immediately. This isn't like opium where it is a poppy and it can be planted and it grows in 1 year. Coca plants don't become fully productive for 3 years in most cases, so they can't even replace what is going under to the pestilence until they wait 3 years.

So there is going to be a supply crunch, and what we need to do is increase the magnitude of that, and we have to be smart about this. We tend to create plodding strategy where we want to just do eradication or we want to just do interdiction of airplanes or we just want to seize drugs. We need to have somebody in charge of interdiction and somebody in charge of international programs.

You are going to have to hammer foreign governments the way you have to hammer departments and agencies in the United

States because somebody has got to fight for the interests of making a difference. If we do that, we have a unique opportunity that ironically is likely to help the hardcore addict in our inner cities more than any other single element, but ought not to be done to the exclusion—what I am afraid of is it is not going to be done at all.

The CHAIRMAN. Right. But you are not suggesting, are you—some may misread your comments to suggest that if we do what you have suggested on interdiction—seizures, dealing with foreign governments—we don't have to have the same concomitant effort over here dealing with the treatment and the enforcement side as well.

Correct me if I am saying it the wrong way, but as I understand what you are saying, you just don't want us, as this pendulum swings back and forth on this issue, saying, OK, now the answer for hardcore is treatment, let's just reduce or eliminate or drastically change our effort on interdiction and dealing with foreign countries and now focus on that end. Is that correct?

Mr. WALTERS. That is correct, and let me just also be clear and say I am expressing a disagreement with current administration policy which I believe doesn't maintain the proper balance between interdiction in source countries and treatment that will make treatment work less better, that will cause us to overpromise what it can deliver, because we are going to have a flood of crack that is going to undermine effective treatment.

The CHAIRMAN. Excuse me just 1 second. I want to make sure I have got my numbers right here.

[Pause.]

The CHAIRMAN. I just want to make sure we are talking about the same general numbers. The administration proposal that is similar, if not identical, to the one I have proposed represents about a 4-percent decrease in interdiction dollars and about a 12-percent increase in treatment dollars. That is not a shift of all of the 4 percent into the 12 percent of treatment.

There is a total additional expenditure of $1.2 billion, so that as a percentage of—you know, I mean you and I and the former director rejected this offer that would often come from here, which was there had to be a 50–50 balance, which I think makes no sense in the sense that there has to be a rationale behind it.

It reminded me of, in 1972, when I was running for the Senate the Democratic candidate at the time had what he called an alternative budget. The alternative budget was you had to spend "x" percent on defense, regardless of our needs, and "y" percent on domestic spending. I think you have to spend as much on defense as you need. I think you have to spend as much on interdiction as you can and you need, and you just don't automatically trade them off.

I won't refight this war, but I thought we had a significant missed opportunity when, through the efforts of the last administration, we did significantly interrupt the chains of command, the distribution networks, and the actual transfer of resources among the cartels and among those in the chain. The price went up, the quantity went way down, production was down, and we could not agree on a strategy as to what should be done to step into the void

to give alternatives to a government that at the time in Colombia was being much more cooperative at that point.

But your point is well taken, in my view. I think we are at a very difficult time now, and an opportune time. Not only is there going to be this window that you have outlined because of a pestilence, because of overestimate that we had in terms of total production and because of reduced consumption by casual users, but are about to get into a generation of kids who—and a generation in this area is 5 years, 6 years; it is not 20 years—may very well be more attracted to drug consumption as the decibel level of moral disapprobation seems to be falling.

We have got a significant problem with heroin. Heroin is on the increase. We are even having the mechanisms, the distribution networks, the triad gangs out of Hong Kong, reestablishing themselves in Seattle and Vancouver on the West Coast. This is a very tough time, but a time with some genuine opportunity.

Mr. WALTERS. We can also do something good with heroin because obviously the cartels think this is a growth industry because they are planting poppies in Latin America.

The CHAIRMAN. That is exactly right.

Mr. WALTERS. It is time to take out that new line with the current line.

The CHAIRMAN. Exactly. What I would like to be able to do, if you are willing, is, whether or not it is in a formal hearing, be able to—I would like to, if you are willing, invite you to come in and sit down with me and other people who are interested in this, and I can't promise you how many people that will be.

I am going to devote most of my energy and resources, my time and my staff, to focus now on the drug issue and, quite frankly, to force this administration and force the Congress, to the best of my ability, to have the profile of this change.

Every President that I am aware of, and I have been here for six of them, has been very reluctant to focus, unless they have been forced to, on drugs because it is such a losing proposition. It is so easy for them to be put in the position of having it said they failed that therefore there is a reluctance to address it, take it on, in the same way, in my view, past administrations, Democrat and Republicans, have refused to take on health care.

I mean this sincerely. I am worried that the lesson of the debate on health care is that an intractable problem was tackled maybe the wrong way, but at least this one President said, OK, I am going after this one, and he got a kick in the teeth on this across the board. I am not sure there is a willingness for this or future administrations to come along and say, now, let's tackle the one problem we don't seem to have made the kind of progress we need to make on.

So I would like to be able to ask you, John, if you would be willing to sit down with me and help me not so much draft legislation, but draft a strategy as to how to do the one thing that we both agree on, you from a more conservative perspective, me from a more liberal perspective, and that is prevent this next wave that is going to come.

We have seen this curve down, part of it, because of population figures, as well, of the ages prone to consume for the first time, but

I am not optimistic that that trough is not going to turn into a mountain again if we don't refocus in a way that I don't see us doing right now.

Mr. WALTERS. I agree with you entirely, and just to cite an example, the Post just did a long series about a woman and a family that, to say the least, have difficult lives. We try to talk about what the socalled cultural poverty is like and what forces operate on people in that. I don't think, as a conservative, that one absolves responsibility, because I wouldn't want to absolve individual responsibility, to say that obviously if you read that story, drugs made a lot of difficult things worse and made a lot of bad choices dehumanizing and terrible choices.

I think that if you are going to make progress and if you are going to try to do something about the socalled growing underclass in this country, you have got to get crack cocaine and heroin out of the inner city. I am struck as a person who spent some time in politics that there is a tendency now, because the middle class is less worried about this, although they might come back and be a little worried about young use—but they are not worried about addicts, and there is a tendency to think that people who live in the inner city are different, you can't help them, and it doesn't make any difference.

I have said in other hearings and I have said, I think, before you that if you want to know what legalization of drugs looks like, go to an open-air drug market. It has been shocking me—and I talked about tolerating foreign governments—it is shocking to me that in the United States we tolerate open-air drug markets in our cities. That is where criminals control the geographic territory and sovereignty, and we should not tolerate that.

If that happened in the suburbs where most Americans live, there is no ambiguity about somebody selling drugs where my kids walk back and forth to school. We do something about getting that closed down. It is only in the inner city where people can say, we can't do anything about it, it doesn't make any difference, it is something we have to learn to live with.

The CHAIRMAN. You got it.

Mr. WALTERS. Inner-city people, to be fair here—and I think we kind of do too much gloom and doom sometimes—inner-city people in many places are not getting credit for saying, we are not going to take it, we are going to walk our own streets unarmed, and drive the drug traffickers off.

Now, I think it is about time we give them some more help, and whether that help takes the form—you have talked with this other panel about the crime bill—or whether that form takes the form of a President saying, we are going to be with you and you are right to say don't take it anymore and you are right to hold police chiefs and mayors responsible, and we are going to do something about the flood of this stuff from abroad and about the kingpins in this country that have been able to conduct business as usual without any serious—we are spending most of the law enforcement money on domestic law enforcement, and when was the last time a domestic enforcement operation produced scarcity of a drug?

With the exception of marijuana eradication, which the military helped in as well, which is really kind of a source issue, we have

not collapsed an organization and made a difference since the Chambers Brothers in Detroit.

The CHAIRMAN. There are two things I would like to mention, and I don't have any more questions. One is, if you will recall, with some of our predecessors, I got into a long, protracted debate about targeting organized crime distribution families. Remember, when the former Director of the FBI came forward and came up with a number—whether he was accurate or not, he said, I need "x" number of FBI; we have a list of "y" number of distribution networks; in order for me to target them, I need "x" number of additional FBI agents.

I was told by Democrats and Republicans and the administration that, no, that wasn't a reasonable allocation of resources. Now, no one ever told me it wasn't because we didn't know, and it may be internally in the administration no one wanted to say this FBI Director doesn't know what he is talking about and it is not an accurate list or number. But I think we have got to go back to that notion.

The second is that you may recall, because I was fairly widely criticized at the time, I made a fairly widely disseminated speech saying that white middle-class suburbia paid no attention to the drug problem as long as it wasn't affecting their white middle-class child. I gave an example of when we talked about a transportation system in my county, which has 85,000 city dwellers in Wilmington, over 50 percent of which were black, as a county council person I was for a mass transit system that would make it easier to get in and out of town.

Well, literally, the county did not like it because they were worried that people would come out of town. As long as the crime and drug problem was in town and they could work 9 o'clock to 5 o'clock, it didn't matter a lot, but getting the bus and coming out of town and spreading that problem—that was a real problem. But once it became clear that casual use was generating hard use or consistent use in suburban school districts and in the suburban neighborhoods, all of a sudden that is when we had no problem; I mean, we had no problem getting money for that.

One of the concerns I had about the casual—this was tactic, not anything else. You may remember my saying the overwhelming emphasis on casual use, which is a good thing, not a bad thing—it wasn't a bad thing to do. My stated and public worry in the record was if we dealt with casual use effectively, what we were going to be doing is isolating the consumption to areas and neighborhoods and regions where there was no constituency to do anything about it in a political sense.

So we reach the same conclusion from different—maybe not from different perspectives, but the same conclusion. Now, the question is how do we deal with it and generate a political consensus to do something. You and I had a moment's discussion in the back where I think we both said something to the effect separately that there is a lot of cynicism out there, and we don't have a gun with six shots in it. We have got a pistol with two bullets left in it. We have got to make sure that whatever the devil we do to deal with this problem is not perceived by the public as useless, a waste, or being

expended on a constituency that people are prepared to believe is beyond redemption and therefore we are not going to do anything.

That is the hard one. That is the thing I need your help on, figuring out how to do that, because right now I don't sense—I mean this sincerely and I am going to get in trouble for saying this—I don't sense among Democrats or Republicans—you don't hear many speeches being made. Every time I say, now I want to move to drugs, there is an audible groan. I mean that sincerely. I am not joking.

Mr. WALTERS. I agree with you. When I continue to do stuff on this, and I am doing some other things as well, but when I come back to this, my wife sometimes teases me when she sees me doing this that I remind her of those Japanese soldiers they used to find on the islands 20 years after the end of World War II. They are still fighting the war and everybody else says it is all over.

The CHAIRMAN. That is right.

Mr. WALTERS. But, look, I will be happy to do whatever I can, and I agree with you that the problem is political, but I also think that when you get into the issues of welfare reform that people care about, and urban violence, which people care about, and about what is happening to a class of the disadvantaged across racial lines, but particularly affecting black Americans, you have got to come face to face with crack and heroin.

The CHAIRMAN. Absolutely.

Mr. WALTERS. There is a way in which that will give us some help here, but we need leadership, and you have been a person who has sustained interest and effort here when everyone else has been less eager, let's say.

The CHAIRMAN. Well, the reason why I think—and I will end with this—the reason why I think it is important that people who are respected and as knowledgeable as you are in this is I don't want to be a party to trying to generate some kind of—and I am not going to do it; I don't mean it to sound that way. I don't want to be a party to trying to generate a consensus that is not a consensus.

If I come up with a proposal that does not have leading conservatives in this country saying this makes sense, I am going to be right back where we were on half a dozen other issues that are in the gridlock category legislatively.

Even though we did break apart in the end—not you and I necessarily, but we conservatives, moderates, liberals, on the crime bill—the only reason it even got as far as it did is for a longtime, at least, it was perceived as something where all the major pieces that everybody agreed on had to be part of it for the first time.

I mean, when we first passed that crime bill, you had leading conservatives on the floor saying prevention is an important part of it, and you had people like Howard Metzenbaum standing up and saying enhanced punishment and longer incarceration is important. We hadn't heard Phil Gramm say it before and we haven't heard him say it since. We hadn't heard Howard Metzenbaum say it before and we haven't heard him say it since, but do you know what I mean?

Mr. WALTERS. Yes.

The CHAIRMAN. I think the only reason we got that far is because of that. We need to get people with your standing, with your background, and with the respect you have among leading conservative thinkers to participate in whatever this is going to be, but I am having trouble generating any interest, to tell you the truth.

Mr. WALTERS. I will be happy to do whatever I can in my own way.

The CHAIRMAN. Case in point: When you came the first time with Bill Bennett, this room was packed with network cameras—important hearing. I love these guys, but they are not Dan Rather, or whoever. Who is this, by the way? It is the internal Senate channel, so maybe there are a couple of young interns watching this somewhere.

At any rate, I have taken a lot of your time. You have stayed here for the duration. I have taken up essentially your whole day, even though you have only been here on the stand for 45 minutes or so. I thank you very much for your input and for taking the time to prepare the statement you did.

Mr. WALTERS. Thank you. Thanks for inviting me. I will be glad to do what I can.

[The prepared statement of John P. Walters follows:]

PREPARED STATEMENT OF JOHN P. WALTERS

INTRODUCTION

MR. CHAIRMAN [1] AND MEMBERS OF THE COMMITTEE: Between 1977 and 1992 a conservative cultural revolution occurred in America. It was called the drug war. During that period, illegal drug use went from fashionable and liberating to unfashionable and stupid. Overall, casual drug use by Americans dropped by more than half. Between 1985 and 1992 alone, monthly cocaine use declined by 78 percent. A 50–80 percent reduction in a similar social problem (the dropout rate, illegitimacy, the spread of HIV, or the rate of violent crime) would be considered a major domestic policy success—that is what happened with illegal drug use in the U.S.

The transformation in cultural attitudes that reversed the spread of illegal drug use was carried out by the fundamental institutions of American society. Parents were the first group to mobilize. Initially, they made the Carter Administration suspend its drug legalization initiatives. Later, parents gained the vocal support of First Lady Nancy Reagan, who helped make the drug problem a national priority. Even Mrs. Reagan, however, was at first ridiculed by the cultural elite for her anti-drug activities and especially for her direct moral lesson to young people tempted to try drugs: "just say no."

The moral injunction not to use drugs swept over the nation, conveyed by the core institutions of American society; families, churches, schools, youth organizations, neighborhoods, workplaces, civic groups, and police. Even the media joined in this cultural revolution. In the early 1980's a *Time* magazine cover portrayed cocaine as the contemporary equivalent to the martini. By 1990, however, the media was contributing an estimated one million dollars a day to the Partnership for a Drug-Free America's anti-drug ads: "This is your brain. This is your brain on drugs."

National leaders encouraged the institutional mobilization from their "bullypulpit." Federal government anti-drug activity and spending also increased slowly, but the contribution of the federal government never approached the magnitude of effort supplied by citizens, families, and local institutions throughout the nation. In short, the drug war embodied all the elements of successful conservative domestic reform. The American people recognized a dangerous threat to the nation, working through their most powerful domestic institutions they changed the cultural attitudes that were the root of the illegal drug problem, and drug use—particularly drug use by young people—declined dramatically.

[1] This testimony draws heavily on "How the Clinton Administration is Abandoning the War Against Drugs," published by the Heritage Foundation.

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THE CLINTON RECORD ON DRUGS

When President Clinton took office the problem of illegal drugs had undergone a sea change in just a little more than a decade. Instead of directing measured steps to address the residual aspects of the drug problem, Clinton Administration officials immediately began undermining existing anti-drug efforts on almost all fronts:

- Just days after the inauguration President Clinton moved the White House office created to direct national anti-drug efforts to a backwater, and slashed its personnel by over 80 percent.[2]
- One of the first announced goals of Attorney General Janet Reno was to reduce the mandatory minimum sentences for drug trafficking and related federal crimes—sentences that put teeth in drug enforcement and are an important tool for gaining the cooperation of subordinates in bring major traffickers to justice.[3]
- The Clinton Office of Management and Budget proposed, and House appropriators passed cuts of $100 million in drug treatment funding and $130 million in prevention education—later partially restored in conference action at the insistence of Republican conferees.[4]
- The Clinton National Security Council passed, and the President signed a new directive ordering a massive reduction in Defense Department support to interdiction efforts, that have been preventing large quantities of cocaine and other illegal drugs from entering the U.S.
- The Administration accepted a 33 percent cut (from $523.4 million in Fiscal Year 1993 to $351.4 million in Fiscal Year 1994) in resources to attack the cocaine trade in the source and transit countries of South America.[5]
- Federal-government-led, domestic marijuana eradication was substantially reduced.
- The Clinton Administration Surgeon General, Joycelyn Elders, called repeatedly for serious consideration of drug legalization.[6]
- For his entire first year in office, President Clinton virtually never mentioned the drug issue and offered no moral leadership or encouragement to those here and abroad fighting the drug war.
- Earlier this year, the Clinton Administration ordered the U.S. military to stop providing radar tracking of cocaine-trafficker aircraft to Colombia and Peru.

Last January, the University of Michigan announced that drug use—particularly marijuana use—by 8th, 10th, and 12th-graders rose in 1993 after virtually a decade of steady decline. The study also revealed that student attitudes were becoming significantly less hostile toward illegal drug use, indicating further increases in use are almost certain in the coming year.[7]

THE CLINTON DRUG STRATEGY

Nine days after the report that teenage drug use was rising, the Clinton Administration presented its "new" drug strategy, emphasizing four areas:

- Reducing hardcore drug use through treatment.
- Ensuring safe and drug-free schools by improving prevention efforts.
- Empowering communities to combat drug-related violence and crime.
- Increasing international programs in source countries and reducing interdiction in drug-transit zones.[8]

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[2] On February 9, 1993 the White House announced that ONDCP would be cut from 146 staff members to 25. For more detail on drug czardom under the Clinton Administration see: Byron York, "Clinton's Phony Drug War," *The American Spectator* (February, 1994), 40–44.

[3] See: Michael Isikoff, "Reno Has Yet to Make Mark on Crime," *The Washington Post* (November 26, 1993), A1, A10, and A11.

[4] See: Michael Isikoff, "House Cuts Drug Plan $231 Million: Clinton Lobbyists Tacitly Concurred," *The Washington Post* (July 2, 1993), A9.

[5] ONDCP, *National Drug Control Strategy: Budget Summary* (February, 1994), 184.

[6] See: Reuter, "Elders Reiterates Her Support For Study of Drug Legalization," *The Washington Post* (January 15, 1994), A8.

[7] Press Release by The University of Michigan's Institute for Social Research on the "Monitoring the Future Study" (also known as the National High School Senior Survey—HSS) for 1993 (January 31, 1994).

[8] ONDCP, *National Drug Control Strategy: Reclaiming Our Communities From Drugs and Violence* (February, 1994), 1. An "interim" strategy, released last September by Clinton Drug Czar, Lee Brown, received harsh, bipartisan criticism for its superficiality and lack of resources. See:

Continued

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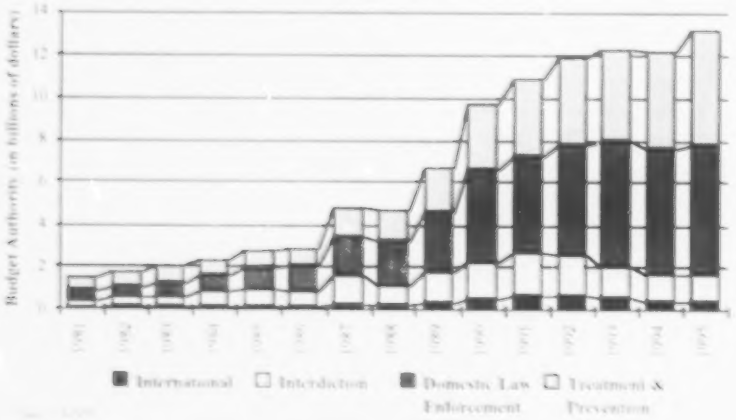
Budget highlights

The strategy was accompanied by the Clinton Administration's drug control budget request for Fiscal Year 1995 totaling $13.2 billion—$1.1 billion (9 percent) more than the $12.1 billion enacted for Fiscal Year 1994. The Administration highlighted five areas where it was seeking increased funds in Fiscal Year 1995 over Fiscal Year 1994: drug prevention, up $448 million (28 percent); drug treatment, up $360 million (14 percent); drug-related criminal justice spending, up $227 million (4 percent); international programs, up $76 million (22 percent); and drug-related research, up $27 million (5 percent).

Two areas where reductions were requested from Fiscal Year 1994 levels were also highlighted by the Administration: interdiction, down $94 million (7 percent); and anti-drug intelligence programs, down $600,000 (0.4 percent). The Administration emphasized that its budget demonstrated a new emphasis on demand reduction, with 59 percent of its request devoted to supply reduction spending and 41 percent to demand reduction spending, as compared to 65 percent and 35 percent respectively in Fiscal Year 1993.

The Clinton anti-drug budget in context

FEDERAL DRUG CONTROL BUDGET, FISCAL YEARS 1981-1995



Office of National Drug Control Policy (ONDCP), *Breaking the Cycle of Drug Abuse: 1993 Interim National Drug Control Strategy* (September, 1993).

This chart reflects the fact that the Clinton Administration let federal anti-drug spending drop in Fiscal Year 1994 by roughly $130 million as compared to Fiscal Year 1993. The decline is then used as a baseline, in some cases, to create misleading claims of increases in the Fiscal Year 1995 budget request, as detailed above.

Federal anti-drug spending can be divided in a variety of ways. The Clinton Administration employed the following four-part split, using current dollars:[9]

Cutting Federal drug enforcement personnel

The new Clinton Administration drug strategy called for substantial cuts in federal drug enforcement personnel. Federal drug enforcement agencies—*the Drug Enforcement Administration (DEA), the Federal Bureau of Investigation (FBI), the Immigration and Naturalization Service (INS), the Bureau of Alcohol, Tobacco and Firearms (BATF), the U.S. Customs Service, and the U.S. Coast Guard—are to be cut by a total of 625 positions* between Fiscal Year 1994 and Fiscal Year 1995.[10] These are just the reductions to the drug enforcement sectors of the multi-mission agencies (total FBI cuts, for example will be much greater under the Fiscal Year 1995 Clinton budget) and these cuts are on top of reductions to many of these same agencies between Fiscal Year 1993 and Fiscal Year 1994.

Cutting Federal-State-local enforcement task forces

The large federal-state-local enforcement task force program—*the Organized Crime Drug Enforcement Task Forces—will be cut by 102 positions.*[11]

Cutting drug prosecution

In addition to these cuts in enforcement personnel, *the Clinton Administration seeks to cut 102 drug prosecution positions in U.S. Attorneys' offices* between Fiscal Year 1994 and Fiscal Year 1995.

A phony prevention increase

The Administration created the majority of its claimed $ 1.1 billion increase in funding requested for Fiscal Year 1995 by counting one-third ($567.6 million) of its community policing request as part of the anti-drug budget.[12] Whatever the merits of that request, such "scoring" has been the custom for multi-purpose programs. But the Clinton drug budget also counts half ($283.8 million) of that scoring as *prevention* spending. While most Americans know that law enforcement personnel help prevent crime, that is clearly not what is behind this budget maneuver. In all the fanfare about greater emphasis on prevention and treatment over enforcement, *the Administration got most of its claimed $448 million increase in prevention—which it implied meant such things as drug education programs in schools—by counting funds that it actually was requesting to pay the salaries of police on patrol.*[13]

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[9] *National Drug Control Strategy: Budget Summary* (February, 1994), 2 and 184–187.

[10] Ibid., see the sections discussing each of the enforcement agencies.

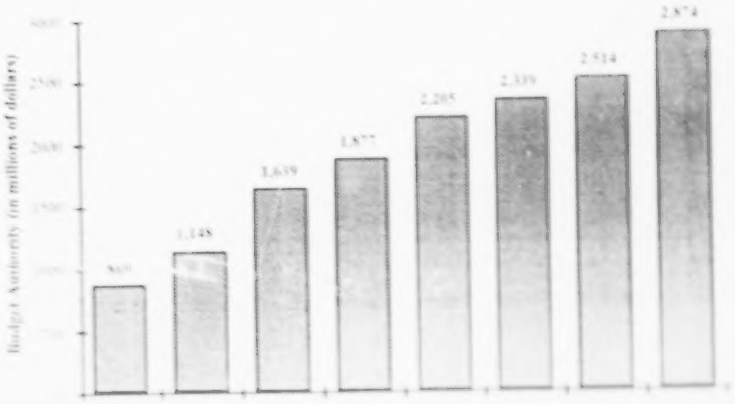
[11] These cuts overlap with the federal drug enforcement personnel reductions cited above and the prosecution staff reductions cited subsequently.

[12] It should be noted that the Fiscal Year 1995 Clinton Administration budget included only a total of $1,720 million for community policing funds, which is much below the amount contained in then pending version (1993) of the Crime Bill (a five year $8.9 billion program). Although the President has proclaimed his support for the bill—and the community policing provisions in particular—his Fiscal Year 1995 budget request does not incorporate them.

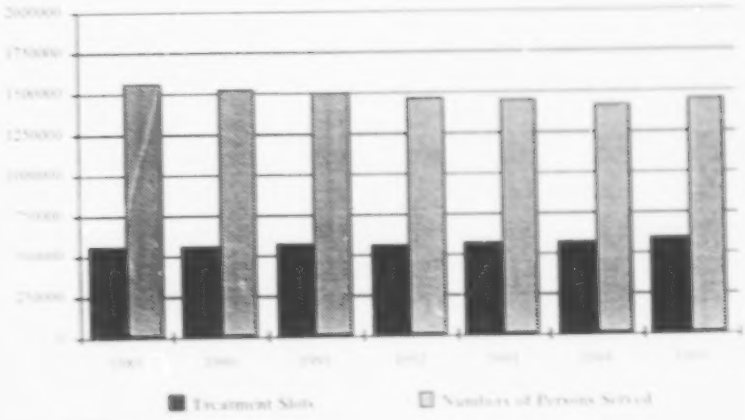
[13] This means that the shift in the supply/demand ratio touted by the Clinton Administration is principally the result of this budget trick and a $305.5 million cut in drug interdiction funding between Fiscal Year 1993 and Fiscal Year 1995—not to real increases in the drug prevention and treatment funding.

Feeding waste in the drug treatment bureaucracy

FEDERAL DRUG TREATMENT SPENDING, FISCAL YEARS 1988-1995



ESTIMATED DRUG TREATMENT CAPACITY, 1990-1995



The principal requested increase in drug treatment funding ($310 million of the claimed $360 million increase over Fiscal Year 1994) intended to treat hardcore drug addicts, is to be awarded through a block grant program to the states for alcohol, drug abuse and mental health services. The Administration claims it will focus the funds, but this has never happened.[14] The three-purpose character of the pro-

[14] A discussion of this problem is contained in the last Bush Administration Drug Strategy, which proposed (later enacted) the Drug Treatment Capacity Expansion Program (CEP) to per-

gram means that 3 dollars must be added to get an estimated 1 dollar into drug treatment services.[15] The state bureaucracies receiving the funds have resisted efforts by past administrations to "fence" funds and many of them place a higher priority on alcohol and mental health treatment services than they do on treating hardcore addicts. There are other federal programs specifically designed to focus federal funds on drug treatment, but the Clinton budget chose one proven not to do so.

There are some very fine drug treatment programs,[16] but the government treatment bureaucracy is manifestly ineffective. The Clinton Administration's claim that it will increase treatment slots for hardcore addicts is hard to believe in light of the budget and data tables provided at the end of its own drug strategy:[17]

Although federal drug treatment spending almost tripled between Fiscal Year 1988 and Fiscal Year 1994, the number of treatment slots remained virtually unchanged and the estimated number of persons treated declined—from 1,557,000 in 1989 to 1,412,000 in 1994 (and the Administration estimates only 1,444,000 would be treated in 1995).[18]

Eroding international anti-drug efforts

The claimed "new" attention to working with nations that are the sources of the illegal drugs consumed in the U.S., is neither new nor a real priority for the Clinton Administration. A partnership with the cocaine-source countries of Colombia, Bolivia, and Peru was launched by President Bush at his summit meeting with their presidents held in Cartagena, Colombia (February 15, 1990).

The results have been mixed and the real policy question is whether those results can be improved, and if so, how. The "new" Clinton approach says little about this issue, but raises the possibility of encouraging more drug crop eradication—an emphasis generally relied on in the 1980's with very disappointing results. The Fiscal Year 1995 Clinton request for international anti-drug programs is $428 million, $76 million above the amount enacted for Fiscal Year 1994. However, according to the Administration's own budget, *its Fiscal Year 1995 request is $96 million below Fiscal Year 1993 funding and $233 million below Fiscal Year 1992.*

Other nations are unlikely to take a "new initiative" seriously that has neither the interest of senior foreign policy makers or significant resources behind it. *The drug problem is simply not a part of the foreign policy agenda of the United States under President Clinton—there is no carrot and no stick facing the countries from which the poison destroying American lives every day comes.* This obvious fact, coupled with the first signs of an erosion of the progress against drug use made over the last decade, fuels calls in other countries for abandoning anti-drug cooperation.[19]

Destroying the intelligence support to the drug war

Finally, more and better intelligence on drug trafficking has been, and remains the key to disrupting and dismantling the drug trade at home and abroad. To be more efficient in the use of enforcement resources, to identify and attack the most

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mit focusing funds exclusively on drug treatment where addicts were most heavily concentrated (See: ONDCP, *National Drug Control Strategy* (January, 1992), 57–61). Congress funded only $15.3 million of the $86 million requested for CEP in Fiscal Year 93, however. The Clinton Administration reduced funding to an estimated $10 million in Fiscal Year 1994 and requests only $6.8 million for CEP in Fiscal Year 1995.

[15] This would reduce the estimated Clinton increase to $103 million and make the total change in treatment funding from Fiscal Year 1994 to Fiscal Year 1995 *below* inflation—meaning a cut in actual treatment services.

[16] For a thorough discussion of drug treatment and the elements of effective treatment programs see: ONDCP, "Understanding Drug Treatment."

[17] Treatment funding from: *National Drug Control Strategy, Budget Summary*, 187. Estimated treatment capacity from: *National Drug Control Strategy*, 103, table B–8.

[18] Some advocates of greater federal treatment spending have asserted that while the federal government increased drug treatment spending, state and local governments cut such spending. There is no evidence to support this claim for treatment spending nationally. In fact, a study released by ONDCP last year, done by the U.S. Census Bureau, found that spending by state and local governments on all aspects of anti-drug programming increased between 1990 and 1991 (the two years measured)—*and treatment spending (under the category health and hospitals) increased 28.1 percent for state governments and 25.2 percent for local governments between 1990 and 1991.* See: ONDCP, *State and Local Spending on Drug Control Activities: Report from the National Survey of State & Local Governments* (October, 1993), 5. By the way (see page 18), Arkansas ranked 48 out of 50 in 1990 and 49 out of 50 in 1991 in per capita anti-drug spending (prevention, treatment, and enforcement).

[19] For example, see: "Colombians Press for the Legalization of Cocaine," *The New York Times* (February 20, 1994), A6 and Gabriel Garcia Marquez, "The Useless War," *The New York Times* (February 27, 1994), Section 4, 15.

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important parts of drug organizations, and to reach those at the top of the most powerful drug organizations, sophisticated intelligence is indispensable.

The Clinton Administration, however, is now dismantling major parts of the intelligence support to the drug war. Its highlighted cut of $600,000 in intelligence funding for Fiscal Year 1995 (as compared to Fiscal Year 1994) is only a small fraction of the actual reduction sought in classified and unclassified programs, according to informed sources. Law enforcement, interdiction, money laundering investigations, combating corruption, and preventing drug-related terrorism all depend on first-rate intelligence. If we are to do more with less in tight budget times, we must be smarter, and only intelligence makes that possible. *No proposal by President Clinton will do more to weaken America's ability to combat the drug trade than his reductions in intelligence support to the drug war.*

THE DRUG PROBLEM TODAY

The roots of the drug problem

Contrary to the conventional wisdom in some circles, the drug problem is one social pathology America has done a remarkable job of reversing. Most Americans have never used illegal drugs and have always been strongly opposed to their use. The illegal drug problem we face today began as part of the radical political and moral criticism of American culture and the related youthful rebelliousness of the late 1960's and the 1970's. These were much different than the forces that drove the only other national drug use problem that dated from the early twentieth century America. That earlier problem, America's "first" drug crisis as it is sometimes called today, had been spread by medical and pseudo-medical views that cocaine and narcotics were harmless health and performance enhancers. They were then widely dispensed in elixirs, tonics, prescriptions, and, of course, soft drinks.[20] That crisis too was reversed by enforcement changes and a cultural change of attitudes about drugs.

While the first drug crisis grew on the basis of health and what might be termed today fitness or wellness concerns, America's second drug crisis was largely driven by political forces. Faculty members at elite colleges and universities gave intellectual respectability to drug use at a time when those institutions were also a center of political activity. Themes of revolution, liberation, and drugs were intertwined in popular music, in other parts of the entertainment industry, and in the press and the media broadly. Drug use was "anti-establishment," it was described as liberating, and at times even presented as a path to "higher consciousness"—a part of political, moral, and spiritual superiority. The moral dimension of these attitudes was also visible in the vilification of drug enforcement personnel—"narcs"—who, among the young and fashionable, were hated as much, if not more, than Vietnam War veterans at the time.

As it turned out, alarm over the percentage of U.S. troops returning from the Vietnam War as regular heroin (and marijuana) users triggered the first phase of the war on drugs. The Nixon Administration would not tolerate a significant portion of servicemen returning from the war as drug addicts. The White House quickly established screening and treatment programs for returning military personnel. But to the surprise and relief of many, when most heroin and opium using GI's returned home, where the drugs were neither widely available nor acceptable, their use ended.[21] What was true about the availability and acceptability of heroin and opium in the United States, was not true of other illegal drugs, however.

The roots of today's drug war

Although a large majority of Americans has always disapproved of drug use, a substantial—and culturally influential—minority stimulated a drift toward the *de facto* legalization of drug consumption during the 1970's. Penalties and enforcement were reduced, use became fashionable, and drug use among the young spread well beyond a rare phenomenon. When national measurement began in 1975, a majority of high school seniors reported trying an illegal drug at least once prior to graduation. *For the next 15 years, the typical life experience of a high school senior included experimentation with illegal drugs.* The legalization movement reached an apex in March, 1977 when the Special Assistant to the President for Health Issues, Dr. Peter Bourne, testified before the House Select Committee on Narcotics Abuse and Control in favor of the decriminalization of marijuana, joined by officials from the Justice Department, the State Department, the Department of Health, Education,

[20] See: David F Musto, *The American Disease* (Oxford University Press, 1987).

[21] Ibid., 258–9. Also see: James Q. Wilson, "Against the Legalization of Drugs," *Commentary* (February, 1990) 22.

and Welfare, and the U.S. Customs Service. At the time, Dr. Bourne and others also considered cocaine a prime candidate for decriminalization.[22]

But shortly thereafter, Dr. Bourne resigned following charges he had used cocaine and improperly written a prescription for a controlled substance. The Carter Administration suddenly faced growing popular concern that it was leading the country in a dangerous direction on the drug issue. Parents' groups formed to combat drug use by young people and challenge political efforts at decriminalization. Dr. Bourne had brought the matter to a decisive point and after his departure from the Carter White House, decriminalization was dead as a serious initiative at the federal level. Drug use remained at or very near historically high rates, however, with cocaine use rising into the next Administration. In 1974, one of the first national surveys found an estimated five million Americans had used cocaine at least one time in their life. By 1982, that number had more than quadrupled to 22 million.[23]

Two groups of events triggered a reverse in the growing acceptance of cocaine. The first was the shocking violence that Colombian cocaine traffickers—the "cocaine cowboys"—brought to Florida. Machine-gun shootouts at shopping centers made national news, along with ruthless killings without regard for the lives of innocent bystanders. The cocaine trade created a new type of wealthy and violent criminal gang. And as the use of cocaine spread, it seemed to bring with it levels of violence never before seen to American cities.

Second, cocaine use took an ominous turn with the creation of crack in the early 1980's. Crack was described as the purest, most intense high—and perhaps the most powerful addictive pleasure ever encountered. It was too good. Reports of "almost instant addiction" and crack and cocaine use by adolescents began appearing on national media. Then, Len Bias, on his way to a professional basketball career, and professional football player, Don Rogers, died within days of each other, both as a result of cocaine use. The death of these young men, in outstanding physical condition, put warnings about cocaine use—and illegal drug use in general—on the front page.

The initial news stories of Len Bias's death also inaccurately reported that he died using cocaine for the first time—yet it seemed that no one read or cared about subsequent corrections on this point. Some reports even claimed that Bias's last words were, "I can handle it." Young adult users who thought of drugs (cocaine in particular) as exciting fun, started to feel differently. The media now described a crisis: an unprecedented, wealthy, powerful, ruthless, foreign criminal cartel was marketing a deadly addictive substance on a massive scale, with even grade-school children becoming victims. Illegal drug use generally was portrayed as an enemy within—a cancer, threatening all segments of society, particularly our children.

The drug problem quickly became a proxy for the kind of nation America would become and winning the drug war a test of our national character. Although there were still a few critics who advocated legalizing drug use, they remained on the fringe and no national political figure even flirted with such a stance—at least not while in office. Rather, more and more criminal sanctions, government spending, and a national mobilization were called for, culminating in the creation of a Drug Czar—who would report directly to the President, with the sole job of waging the nation's drug war, and who some described as the commander-in-chief of that war. The Drug Czar was to take charge and turn the tide in the drug war. Congress did not itself create a serious national effort, but rather charged someone else with the responsibility of creating such an effort—and with the Drug Czar placed in the Executive Office of the President, that someone was, in fact, the President. To this day no other structure exists to direct and encourage national anti-drug efforts and fashion the roughly three dozen federal agencies responsible for various parts of the drug war into a unified federal effort.

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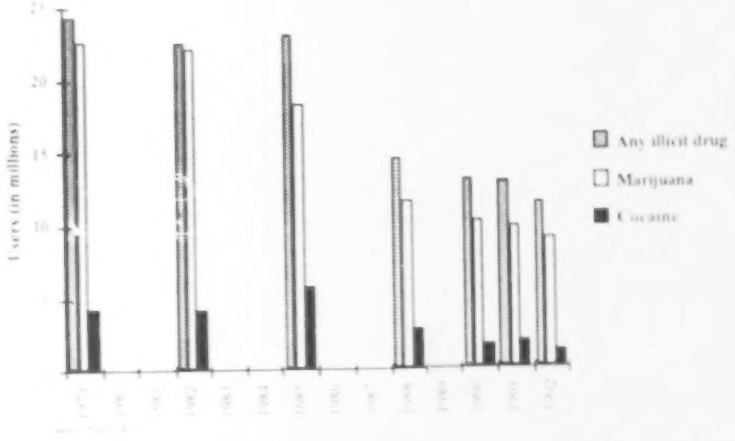
[22] Musto, 265.

[23] Dana Eser Hunt, and William Rhodes, "Characteristics of Heavy Cocaine Users, Including Poly Drug Use, Criminal Activity, and Health Risks" (Abt Associates Inc. for ONDCP, Spring, 1993), released by ONDCP August 9, 1993 as "Characteristics of Heavy Cocaine Users: A Research Paper," 1.

Putting an end to casual drug use

CURRENT DRUG USE AGE 12 AND OLDER



Parents groups had already mobilized to fight illegal drug use by young people at the end of the Carter years. They received an important boost when First Lady Nancy Reagan made their cause her own. Many in the media were less than enthusiastic and some ridiculed the effort at times but it began to build strength, as evidence of the danger mounted and prevention activities, endorsed by the President and his wife, began to have an effect. And not only the young got the message.[24] Use declined during the 1980's and by 1992, overall illegal drug use was less than half what it was at the measured peak in 1979. Declines in cocaine use lagged behind this general trend a bit. With the creation of crack, cocaine use grew in the early 1980's reaching a peak in 1985. Then it too fell, with current or monthly cocaine use (usually referred to as casual or non-addicted use) dropping almost 80 percent between 1985 and 1992. This was important because casual drug use is the vector by which drug use spreads—from friend to friend—and while not every casual user went on to become an addict, virtually every addict started as a casual user.

Even more important were the dramatic reductions in drug use by young people during the 1980's and early 1990's. Annual use of any illicit drug by high school seniors dropped from 54.2 percent in 1979 to 27.1 percent in 1992 and cocaine use fell from an annual rate of 13.1 percent at its peak in 1985 to 3.1 percent in 1992.[25] This not only means that fewer young people are exposed to the dangers of drugs, it also means that fewer adults will be drug users in the future. As a detailed study of responses to the National Household Survey on Drug Abuse found: "Regardless of the time (be it the 1970's, 80's, or 90's), respondents who have not tried a drug by the time they reach their mid-twenties are unlikely to ever do so."[26]

The following data are instructive for three reasons.

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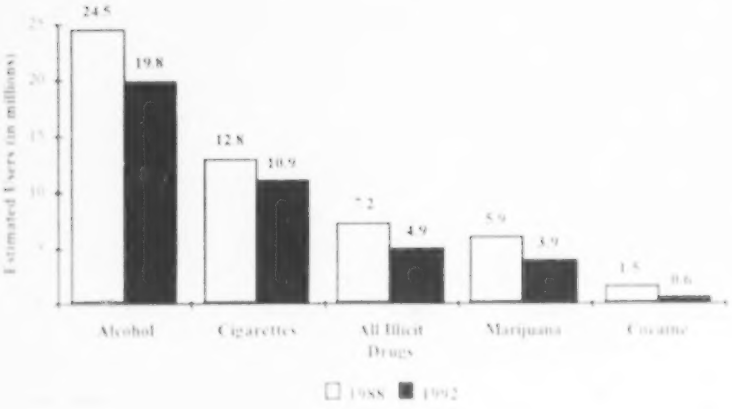
[24] Unless otherwise noted, all the follow charts and data on drug use are from: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, "Preliminary Estimates From the 1992 National Household Survey on Drug Abuse (NHSDA)," (Advance Report Number 3, June, 1993).

[25] Press Release, "Monitoring the Future Study" (January 31, 1994), table 3.

[26] Christine Smith and William Rhodes, "Drug Use by Age Cohorts Over Time," Abt Associates, Inc. (unpublished, quoted draft:, August 11, 1992), 3. This is one of several contracted studies done for ONDCP. Some, like this one, have not been released by ONDCP, but the office now wants them to be available to interested individuals.

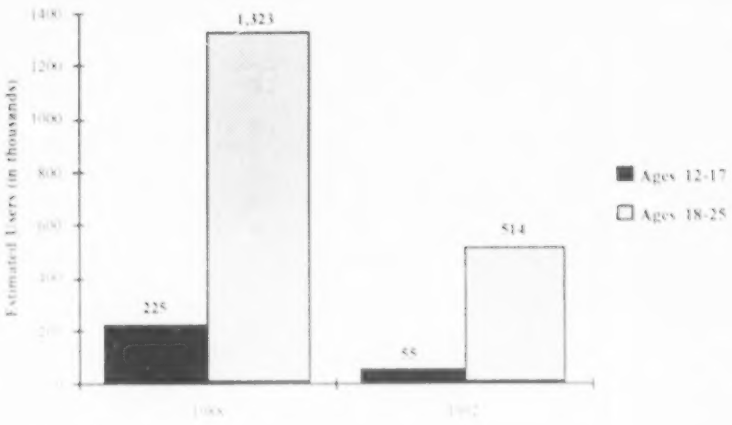
CURRENT USE OF ILLICIT DRUGS, CIGARETTS & ALCOHOL, AGES 12-25



First, they show the extent of illegal drug use and its decline between 1988 and 1992 for the age group 12–25. Second, they make clear that the decline in drug use was comprehensive and did not merely involve a shifting from one drug to another or from illegal drugs to cigarettes and alcohol (as sometimes suggested by critics). Finally, as the chart above shows, illegal drug use fell at a greater rate proportionately than did cigarette and alcohol use—this despite extensive education campaigns against tobacco and alcohol use by the young. Although it is difficult to dissect such human phenomenon with scientific precision, it is clear that the categorical legal prohibitions against drugs—actively enforced—played an important part in keeping drug use smaller and making it decline more rapidly.

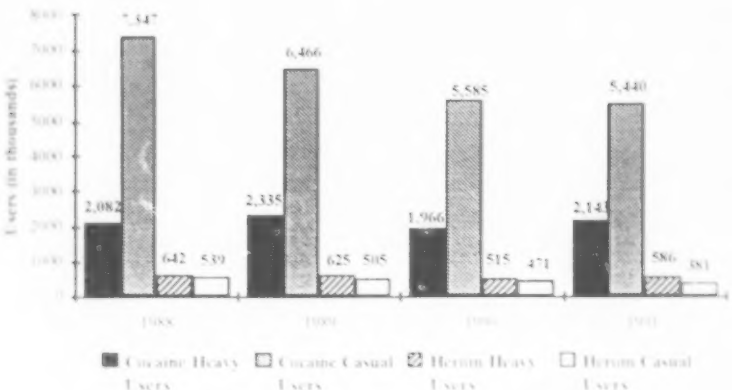
And where the greatest concern was brought to bear, cocaine use by young people, the greatest results were produced.

CURRENT COCAINE USERS, AGES 12-17 & 18-25



The addicted

ESTIMATED NUMBER OF HEAVY AND CASUAL USERS OF COCAINE AND HEROIN, 1988-1991

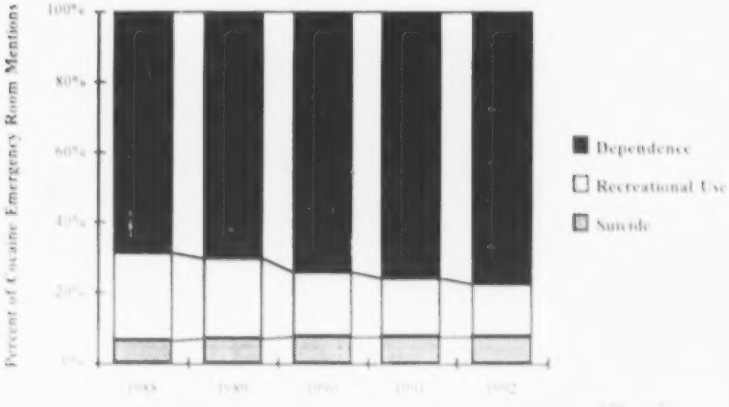


The most obvious casualties of the fad of drug use in the 1960's, 70's, and 80's are today's drug addicts. The chart above reveals that while the drop in casual cocaine use in particular has been rapid—and thus the source of potential new addicts

has been curtailed—the heavy, addicted cocaine and heroin user populations remained roughly the same size.[27]

The demographics of the cocaine addicted population are difficult to specify with precision, but one useful indicator is the network of hospital emergency rooms that report cases involving drug. The Drug Abuse Warning Network (DAWN) is managed by the U.S. Department of Health and Human Services. Data from hospitals throughout the nation are compiled on a quarterly basis and annual summaries are also made, presenting a statistically representative picture of emergency room cases for the nation as a whole.

COCAINE EMERGENCY ROOM CASES BY NATURE OF USE, 1988–1992



The DAWN reports reveal that more and more emergency room cocaine cases are related to addictive use.[28]
These cases are also increasingly focused in the nation's central cities.

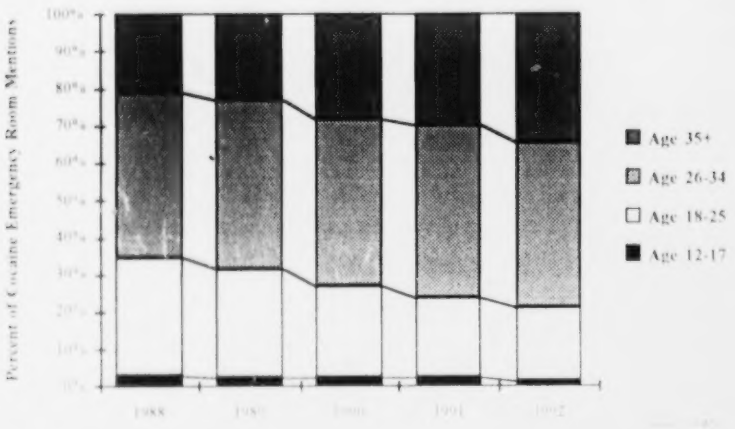
[27] William Rhodes, Paul Scheiman, and Kenneth Carlson, "What America's Users Spend on Illegal Drugs, 1988–1991" (Abt Associates, Inc., February 23, 1993), released by ONDCP, August 23, 1993, 10, table 1. This study contains the most recent analysis of the size of the drug using population as well as the volume and cost of the drugs they consume.

[28] The data cited below is from: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, "Estimates From the Drug Abuse Warning Network: 1992 Estimates of Drug-Related Emergency Room Episodes," (Advance Report Number 4, September, 1993), 45.

COCAINE EMERGENCY ROOM CASES BY LOCATION, 1988-1992

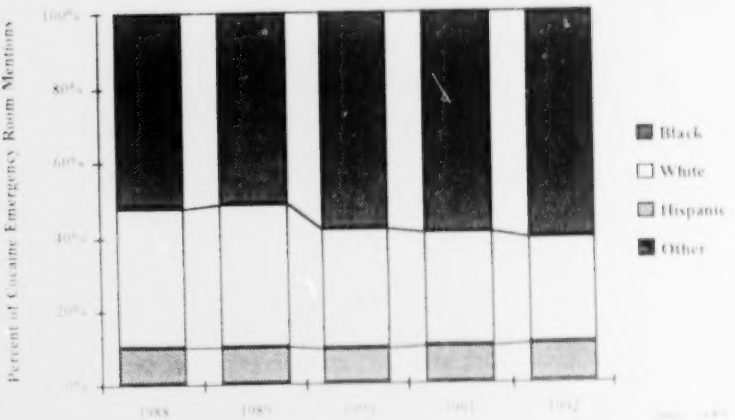
And the population entering emergency rooms for cocaine-related problems is aging.

COCAINE EMERGENCY ROOM CASES BY AGE, 1988-1992



Finally, the DAWN data reveal that cocaine-related emergency room cases are become more and more concentrated among black Americans.

COCAINE EMERGENCY ROOM CASES BY RACE, 1988-1992



Similar demographic trends are also reflected in the data on heroin emergency room cases.[29]

Heavy cocaine users also tend to use a variety of other drugs (marijuana, heroin, sedatives, and others) and alcohol.[30] Both heavy cocaine and heroin users are predominantly male, unmarried (most never married), and most commit crimes and are frequently involved in the criminal justice system. They commit crimes—including selling drugs—as a means of income to purchase drugs. But heavy cocaine users in particular, also commit crimes as a result of "the effects of the drug itself (they become disinhibited and commit crimes), or because of a life-style choice (they participate in both drug use and criminal activity)."[31] This is the population the Clinton Administration proposes to reduce in size by a 14 percent increase in federal drug treatment spending and a reduced emphasis on reducing the supply of drugs to which they are addicted.

As noted earlier, while federal spending on drug treatment increased three fold, estimated treatment capacity has declined. Nonetheless, that capacity, measured in terms of persons served per year, is equivalent to more than half the total estimated number of cocaine and heroin addicts.

[29] Ibid., 46–47.
[30] "Characteristics of Heavy Cocaine Users," 7.
[31] Ibid., 10.

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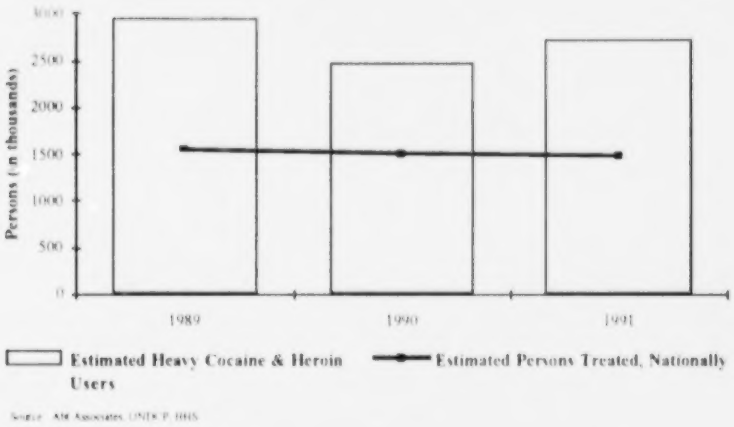
ESTIMATED HEAVY COCAINE & HEROIN USERS AND ESTIMATED PERSONS RECEIVING DRUG TREATMENT NATIONALLY



Source: AM Associates, UNDCP, IHS

So, it is important to ask, bureaucratic waste and inefficiencies within the treatment system aside, why hasn't the system reduced the number of addicts?

Most addicts have been through treatment more than once. The harsh fact is that drug addicts like using drugs (even though most of them also dislike some aspects and consequences of their drug use). They sometimes admit themselves to treatment programs, not to stop using drugs, but to regain greater control over their drug use. But the overwhelming majority of the addicts entering treatment with the goal of ending their use are coerced to do so by the courts, family members, or an employer.[32]

A substantial number of addicts have been through many treatment programs. Some of those programs are simply not effective, but there are insufficient structures monitoring performance to force them out of business. Sometimes addicts and programs are not matched properly.[33] When the cocaine epidemic started there were many unused heroin treatment slots, but not enough slots for those needing treatment tailored for cocaine addiction. Government can, and should, act to increase accountability (insist that programs receiving federal funds demonstrate they are effective) and increase service capacity in target areas, but the federal government is a very blunt and rather slow instrument for getting this done. The federally funded portion of the treatment system is estimated to be less than half the total national spending on drug treatment and federal measures for accountability and targeting must attempt to reach through multiple layers of bureaucracy—in the federal government, and in state and local governments.

In addition, more and more of the addict population is older, with a long history of addiction from early adulthood—so-called "hardcore" addicts. Many of them are addicted to a variety of drugs and suffer from a range of pathologies, including severe mental disorders. The best treatment programs can still offer some hope of re-

[32] The criminal justice system is probably the single greatest cause of addicts entering treatment today. 'Drug courts,' and so-called "diversion programs, give less violent addicts a choice of entering and completing treatment or going to jail for an extended period. Former Washington, D.C. mayor, Marion Barry, may be the most well-known example of this practice.

[33] In remarks before "The 1993 National Summit on U.S. Drug Policy" (May 7, 1993), Dr. Mitchell S. Rosenthal, president of Phoenix House and one of the nation's foremost drug treatment authorities, noted that what he called "disordered drug abusers" (others might call them "hardcore addicts ") require long-term, drug-free, residential treatment. This means 18 to 24 months of treatment within a therapeutic community. There are only an estimated 11,000 such slots nationwide and they cost an estimated $17,000 to $22,000 per year (Mitchell S. Rosenthal, "Asking the Right Questions About Treatment," (May 7, 1993). President Clinton's drug strategy completely ignores this problem.

covery, but it is also likely that for a substantial percentage of the most severely addicted there may be no effective treatment today.

A recent, long-term study of heroin addicts highlights this problem is stark terms. Five hundred eighty-one narcotics addicts (most of them heroin addicts) were studied at intervals over 24 years. The group originally entered treatment through a criminal justice program, the California Civil Addict Program, between 1962 and 1964. The 1985–1986 follow-up study found only 25 percent of the group tested free of opiates, 6.9 percent were in a program of methadone maintenance (receiving the drug methadone to block the "high" resulting from heroin use and thus remove the strongest reason for such use), and 7.7 percent of the group (now in their late 40's) had died—and the mortality rate was accelerating. The researchers warn: "The results suggest that the eventual cessation of narcotics use is a very slow process, unlikely to occur for some addicts, especially if they have not ceased use by their late 30's."[34]

On August 9, 1993, Clinton Administration Drug Policy Director, Lee Brown, released a research paper, "Characteristics of Heavy Cocaine Users." That study contained a similar, sobering conclusion regarding the success rates of treatment programs for cocaine addicts:

> * * * while many users benefit from treatment, compulsive use is most frequently a chronic condition. The Treatment Outcome Prospectives Study (TOPS) showed that for every 10 clients who used cocaine regularly during the year prior to treatment, six clients had returned to heavy use one year after treatment, and eight clients had relapsed into heavy use within three to five years after treatment. These statistics do not accurately reflect the success of treatment outcomes. (The TOPS study is the most recent large-scale study of treatment outcomes. Many smaller scale treatment studies show results with better long-term outcomes.) Nevertheless, the TOPS data suggest that *treated cocaine users are more likely than not to return to drug use.*[35]

Those who assert that "treatment is the answer" and those who advocate legalizing drugs and retrieving those who become addicted by expanding drug treatment, never confront the fact that today a significant portion of those who are addicted to cocaine and heroin will die of that addiction and treatment alone will not save them.

The illegal drug trade, supply reduction and addiction

What is increasingly an addict-driven trade today is dominated by cocaine.

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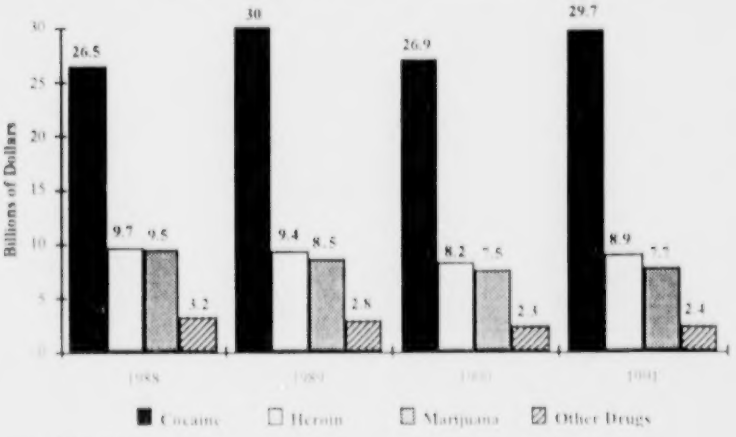
[34] Yih-ing Hser, M. Douglas Anglin, and Keiko Powers, "A 24-Year follow-up of California Narcotics Addicts," *The Archives of General Psychiatry* 50 (July, 1993), 577–584. Quotation from page 577.

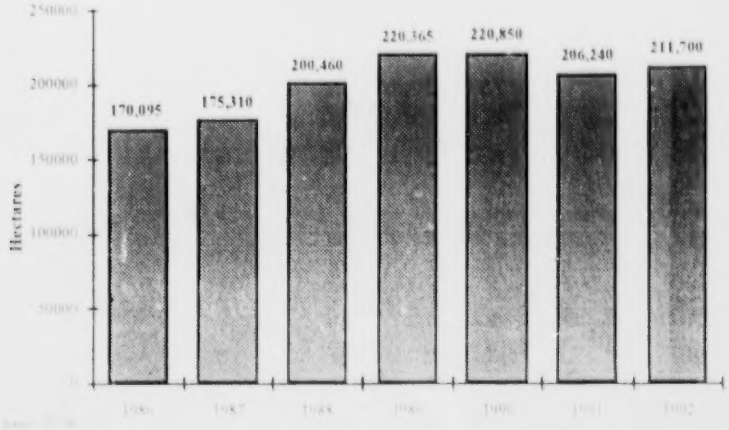
[35] "Characteristics of Heavy Cocaine Users," Emphasis added.

ESTIMATED U.S. EXPENDITURES ON ILLICIT DRUGS, 1988-1991



Three-fifths of the total spent on illegal drugs is spent on cocaine—and today that means crack. And as it turns out, actual reductions in the population of heavy cocaine users seem to have come not from treatment programs, but from the very supply reductions efforts President Clinton is now dismantling.

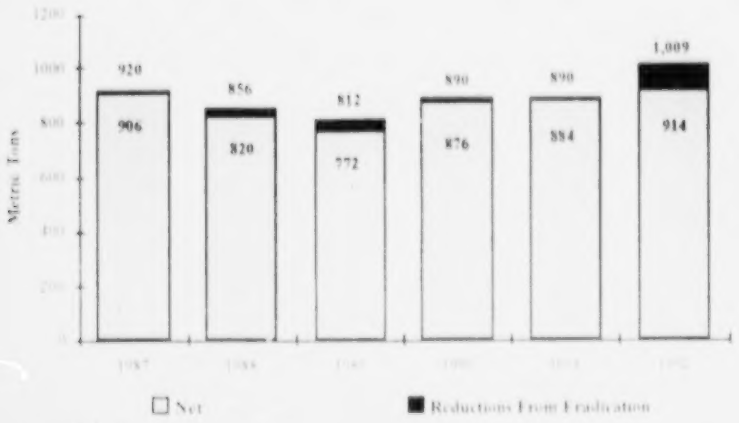
TOTAL COCA CULTIVATION



Working with cocaine source countries (Colombia, Peru, and Bolivia) on reducing coca [36] crops stopped the increase in cultivation that occurred during the 1980's, but did not substantially reduce the crop size as a whole.[37]

Eradication of plants under cultivation had been a principal emphasis of U.S. anti-drug policy in the 1980's. It produced very poor results, however. It was continued, where feasible, during the Bush Administration, even as interdiction and attacks on traffickers' organizations and infrastructure were launched. Since 1987, eradication efforts in cocaine source countries has produced less than a 10 percent reduction in estimated potential cocaine production, and it only came close to 10 percent in one year—1992.

POTENTIAL COCAINE PRODUCTION

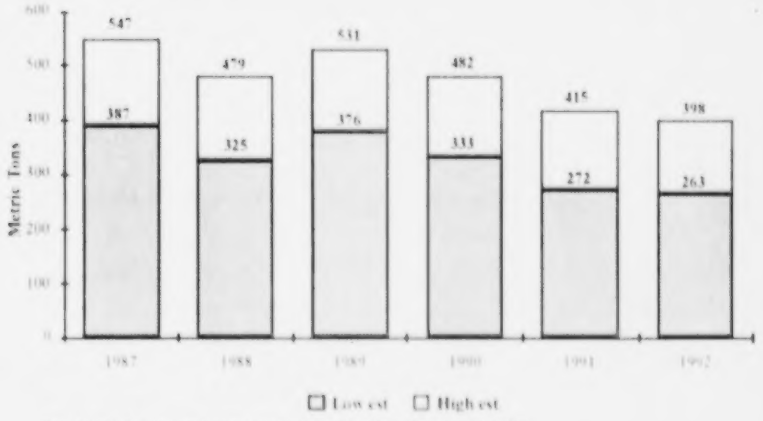


Interdiction of cocaine within the source countries and in transit from them to the U.S. has substantially reduced the potential supply of cocaine that could arrive on American streets, however.

[36] Coca is a bush whose leaves are processed to extract cocaine.

[37] U.S. Department of State, *International Narcotics Control Strategy Report* (INCSR), (April, 1993), 15 and 16. This chart and the next four charts are based on the INCSR data and unpublished analyses by the staff of ONDCP's Office of Research, undertaken during the Bush Administration.

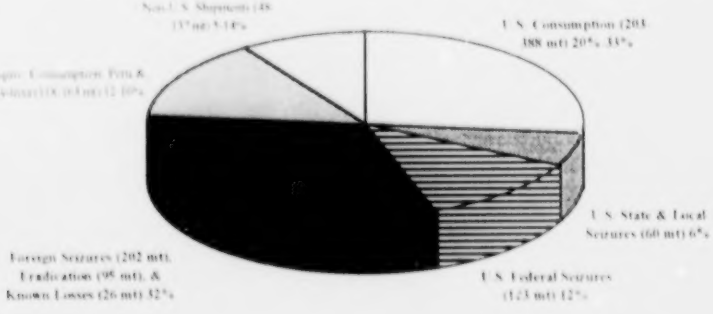
ESTIMATED COCAINE AVAILABLE TO THE U.S. MARKET



What could arrive, based on what could be produced, minus what was seized, declined between 1989 and 1992. The biggest areas of increased seizures has been in South America, and U.S. assistance, particularly military detection and tracking assistance, supported interdiction throughout the hemisphere and even contributed to forced losses in the face of imminent apprehension by authorities.

In 1992, half or more of potential cocaine production was seized.

ESTIMATED COCAINE DISTRIBUTION – 1992


U.S. Consumption (203-388 mt) 20%-33%
U.S. State & Local Seizures (60 mt) 6%
U.S. Federal Seizures (123 mt) 12%
Foreign Seizures (202 mt), Eradication (95 mt), & Known Losses (26 mt) 52%

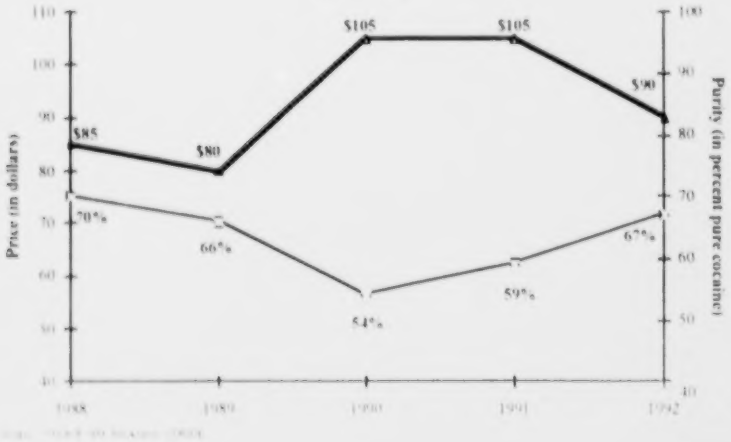
Not only has interdiction stopped almost twice as much cocaine as that actually consumed, supply reduction efforts actually seem to have contributed to a reduction in cocaine emergency room cases and a reduction in the population of cocaine addicts.

In August, 1989, what is widely believed to have been the Medellin Cartel, led by Pablo Escobar, carried out the assassination of Colombian presidential candidate, Carlos Galan and publicly declared war on the Colombian government. In response, Colombian-President Virgilio Barco launched the broadest and most intense attack on the cocaine cartels in history. Shortly after that crackdown began, the U.S. military deployed the most extensive detection, tracking, and interdiction effort ever mounted, against cocaine transit from the Andean countries north. These events produced a substantial disruption in the cocaine supply to the U.S. from the very end of 1989 into 1991, although there are no exact measures of the magnitude of that disruption (and the previous estimates of potential production cannot fully capture it). Nonetheless, there are important indicators of significant disruption with beneficial consequences, particularly for heavy cocaine users.

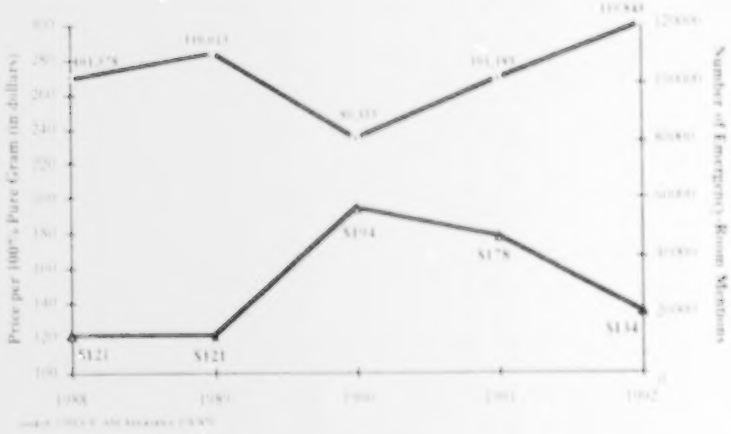
Reductions in the supply of cocaine would be reflected at the retail level by an increase in street prices, a decline in purity, or both, or by scarcity, if the disruption is large and sudden enough. During the activities listed above there were periodic reports by law enforcement agencies that cocaine trafficking groups they had under investigation were experiencing problems securing cocaine or securing it in a timely manner, even at a higher price. These reports could not be rendered as precise empirical data, however.

RETAIL COCAINE PRICE AND PURITY IN THE U.S., 1988-1992

(Average for One Gram)



STANDARDIZED RETAIL COCAINE PRICE AND COCAINE EMERGENCY ROOM CASES, 1988-1992



But DEA does compile data on cocaine prices throughout the nation and reports that data on a quarterly and yearly basis. This data reveals that in gram amounts—the accepted retail quantity—the downward trend in prices and upward trend in purity through early 1989 abruptly reversed.[38]

The magnitude of this change in availability is perhaps best represented by using a standardized price; that is, a price that reflects both price and purity changes by calculating the cost of a 100 percent-pure gram of cocaine at each point of measurement.[39] And this reduction in the availability of cocaine—driving the price up and the purity down—coincided with a 27 percent reduction in cocaine emergency room mentions between 1989 and 1990.[40]

Medical examiner reports of deaths related to cocaine use during this period also declined. Analysis initiated by ONDCP and released in the publication "Price and Purity of Cocaine: The Relationship to Emergency Room Visits and Deaths, and to Drug Use Among Arrestees,"[41] found cocaine price increases, purity reductions and declines in cocaine emergency room cases, deaths, and cocaine use among arrestees for all the more than 20 largest U.S. cities for which the data is available.

Further, this cocaine supply reduction also coincides with the estimated decline in number of heavy cocaine users previously cited.[42]

Several general points must be emphasized here. First, this analysis is limited by the available data. Nonetheless, the reduction in cocaine availability seems beyond question and that it was a key causal factor the decline in cocaine use, particularly heavy use, is the most obvious and reasonable conclusion in light of the data. But this cannot be proven" with the precision that might be demanded in circumstances where the available data were more extensive.

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[38] Unpublished results of an ONDCP-funded analysis of data from DEA's System to Retrieve Information from Drug Evidence (STRIDE). The analysis was conducted by Abt Associates, Inc. Presented in an ONDCP briefing, "Domestic Cocaine Situation," January 27, 1993.

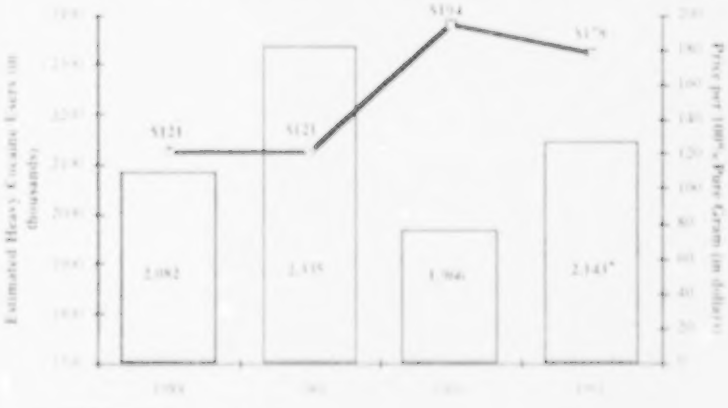
[39] Id.

[40] Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, "Estimates From the Drug Abuse Warning Network: 1992 Estimates of Drug-Related Emergency Room Episodes," (Advance Report Number 4, September, 1993), 45.

[41] ONDCP, "Price and Purity of Cocaine: The Relationship to Emergency Room Visits and Deaths, and to Drug Use Among Arrestees," October, 1992.

[42] See note 24.

STANDARDIZED RETAIL COCAINE PRICE AND ESTIMATED NUMBER OF HEAVY COCAINE USERS, 1988-1991



Second, it should be remembered that cocaine price and purity is affected by both supply and demand. We know from the National Household Survey on Drug Abuse that casual or non-addictive use of cocaine was dropping dramatically immediately prior to and during this period. While non-addictive users consume a much smaller quantity of cocaine than heavy or addicted users, an almost 80 percent drop in non-addictive users between 1985 and 1992, certainly reduced demand in a significant, if limited extent (which is not measurable by existing surveys and analyses). In order to increase cocaine retail prices and reduce purity, supply reduction efforts would have to cut supply beyond the amount that would have satisfied the reduced demand. So the actual supply disruption may be greater in magnitude than the magnitude of the change in the price and purity data.[43]

Finally, we should ask, do most prominent cocaine traffickers have sufficient market control to manipulate prices by controlling supply? If they do, price and purity reports cannot be used to indicate market disruption directly and may be of no use at all for this purpose. There is no definitive knowledge of the extent of traffickers' ability to manipulate the cocaine market. In smaller transactions and at the wholesale level in particular areas, law enforcement investigators have reported efforts by particular groups to influence prices by withholding supply, but these have been limited in both scope and duration. There is no evidence of either large-scale efforts to manipulate availability or the ability to do so.

The cost of the entire international drug control effort for programs and assistance to foreign countries rose from $209 million in fiscal year 1988 to $660 million in 1992 (its peak); it moved from 4.4 percent to 5.6 percent of the federal drug control budget. Interdiction costs increased between 1988 and 1992, but almost that entire increase involved the estimated cost of Department of Defense (DOD) activities in support of the anti-drug effort. And even with this increase, interdiction costs as a percentage of the federal drug control budget *declined* between Fiscal Year 1989 and Fiscal Year 1992.

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[43] The decline in heavy cocaine use in the face of increased price indicates an important difference between casual and addictive use. As long as cocaine is easily obtainable, it seems that casual users not deterred by prevention efforts are unlikely to be deterred by even moderate increases in street prices. This is probably because they are paying so little of their disposable income on the drug, such price increases do not affect their ability to obtain it. Many heavy users, on the other hand, are using most of their disposable income to purchase cocaine (crack). When the price goes up they generally have to make due with less of the drug. This leads some of them to enter detox and treatment and apparently reduces the rate at which those who continue using suffer the health problems that cause them to appear at emergency rooms.

BEST COPY AVAILABLE

If measured strictly by results, our national prevention efforts produced the most outstanding achievements—dramatic declines in casual cocaine use in particular—and, contrary to conventional opinion, interdiction and cocaine source country programs seem to have been the crucial cause of the only reductions in heavy or addictive cocaine use.

Why didn't the reduction in cocaine supply continue throughout 1991 and beyond? The movement of U.S. military resources to the Persian Gulf for Desert Shield and then Desert Storm, beginning in the summer of 1991 reduced interdiction coverage, particularly in regard to some of the most powerful airborne and surface naval systems. Those resources were never returned to previous levels and although there were plans within ONDCP to make this a major policy issue for Presidential decision in connection with the Fiscal Year 1994 Strategy, but the Administration ended before that Strategy was crafted. In addition, without going into all the activities of the Andean Strategy, the crucial pressure on the traffickers applied in Colombia, declined, first, because a significant police and military forces had to be diverted to providing security for a national election and a constitutional referendum. And later—after the surrender of several major traffickers—security forces focused, twice, on a manhunt for Pablo Escobar (before his first surrender and after his escape). This is not to say that all pressure on the cocaine trade in Colombia ended in 1991—it did not. Even the imperfect cocaine reduction estimates show that considerable damage was done to trafficker activities, but the damage fell short of the magnitude of the 1989–1990 period and was hampered by protracted difficulties in initiating meaningful Peruvian anti-drug efforts.

Today, all of the source country governments are reducing their performance against the cocaine trade and there is no visible effort by the Clinton Administration to prevent the utter disintegration of the most effective international anti-drug partnership of the last decade. If President Clinton lets source-country programs collapse, we face the prospect of foreign nations permitting the unchallenged production and shipment of illegal drugs to the U.S. and throughout the world; in short, uncontrollable supplies of illegal drugs.

WHAT IT WILL TAKE TO FIGHT A REAL DRUG WAR TODAY

President Clinton's abandonment of the drug war creates a formidable obstacle to building on what has been achieved in the anti-drug effort and reducing the remaining problem. There is very little likelihood that the federal government will offer the leadership and support that existed in the last two administrations.

If the federal government were serious about finishing the drug war it would undertake measures such as the following:

- Applying direct presidential leadership in the renewal of prevention efforts for young people, first and foremost.
- Uniting current federal anti-drug support to states and localities—totaling at least $3.5 billion for Fiscal Year 1994[44]—into a single anti-drug block grant that communities can use for *their* anti-drug priorities, from prevention programs to prison construction, from treatment programs to security enhancements in schools and public housing.[45]
- Putting the U.S. military in charge of stopping the flow of illegal drugs from abroad, requiring federal law enforcement agencies responsible for drug interdiction to operate under the overall command and control of the military.
- Insisting that cocaine-source countries, reduce their net production of drugs by at least 10 percent per year and by at least 50 percent in five years or face a loss of aid, and trade and diplomatic sanctions.
- Requiring the Attorney General to prepare a report within six months identifying all major drug trafficking organizations known to be operating in the U.S. and a plan to deploy federal enforcement personnel to dismantle them all within 18 months (and a plan to repeat the process yearly).[46]

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[44] Approximately $599 million in the Department of Education, over $1.8 billion in the Department of Health and Human Services, and over $ 1.1 billion in enforcement and demand-reduction program funding a variety of other programs.

[45] The new program could avoid feeding government bureaucracies by forbidding the use of any funds for administrative purposes and requiring that at least half of all non-law enforcement expenditures be spent on activities operated by private sector organizations, fully open to religiously affiliated groups (many of whom have outstanding programs for young people and the rehabilitation of addicts).

[46] Attorney General Dick Thornburgh prepared a report something like this which he released August 3, 1989 ("Drug Trafficking: A Report to the President of the United States "). But it was not made a battle plan for federal drug enforcement.

- Launching a nationwide advertising campaign highlighting the federal mandatory minimum sentences for: selling drugs within 1,000 feet of a school, involving a minor in drug selling, possession of drugs with the intent to distribute them, possession of a firearm while involved in drug sales, and committing acts of violence in connection with drug trafficking. These laws are a powerful deterrent and the wider the knowledge of them, the more powerful their deterrent effect.

Of course, it is unrealistic to expect the Clinton Administration to undertake these measures in light of their record. But it is also irresponsible to take the position that nothing can be done as long as the Clinton Administration turns its back on the drug problem. Citizens throughout the nation and local governments can take decisive steps to reduce today's drug problem dramatically.

Renew efforts to prevent drug use by young people

Drug prevention must be the cornerstone of all anti-drug efforts. With the decline in use by teenagers, recognition of the importance of effective prevention measures has diminished. Last year's increases in teenage use are a reminder that each generation must be taught that illegal drug use is wrong and harmful. This lesson must be taught by the community as a whole; indeed, by our culture.

Educators sometimes complain that they lack tested and proven anti-drug curricula—a lesson prepared by experts that keeps young people who are exposed to it from using drugs when the same group of young people not exposed to it would use drugs. This is extremely naive. Children learn about things such as drug use by what the adults around them as a whole say and *do*. Parents teach by example and by what they make a consistent and serious topic of right and wrong. The same is true of schools and the communities in which children are raised. If drug use and sale is not aggressively opposed and prevented, children learn it is acceptable, despite what some adults may tell them occasionally.

Teaching drug prevention must be a part of teaching children right from wrong and it will always fall to parents to provide that education in the home and act to ensure that schools and their communities are teaching the same lesson effectively. This is easier if national leaders and other adults in positions of responsibility set the right example and peak visibly in support of parents. Since that national support has largely evaporated, parents, churches, schools, youth organizations, and communities are even more crucial as teachers of drug prevention.

End the de facto legalization of drugs in American cities—close open-air drug markets

Open-air drug markets feed addiction and are a visible sign of the toleration of the drug trade in our nation. It is time to end the national disgrace that such markets are tolerated in every major city in this country. In its Winter, 1992 issue, *Policy Review*, published an article by Reuben M. Greenberg, chief of police of Charleston, South Carolina.[47] Chief Greenberg explains in detail how drug markets can be closed with aggressive, committed leadership and within the current resources of most local law enforcement agencies. He demonstrated that the view that drug pushers cannot be driven from our city streets without prohibitive costs is simply false. Drug pushers cannot operate effectively when law enforcement personnel are present and forcing drug deals from open spaces makes them more difficult, dangers and less numerous. The Charleston example, and others like it on a smaller scale conducted by neighborhood patrols in communities throughout the nation, point to what can be achieved. Creating the necessary presence and maintaining it in response to relocation efforts by drug dealers is doable, if closing drug markets is made a priority. Chief Greenberg did not use massive arrests and he did not violate civil liberties. What he did do is get pushers off the streets of his community, and free poor neighborhoods from criminal siege, and restore a climate that promoted economic renewal in those neighborhoods. This must be repeated in all our cities.

Mayors, city councils, and police chiefs should pledge to close all open air drug markets in their communities in the next year. Citizens should demand such a pledge and make clear that they intend to insist that those officials who do not keep it are removed from office. It is time to stop claiming that the crime and drug problem in our communities can only be fixed by the federal government. Decisive action can be taken by local officials and community members now

[47] Reuben M. Greenberg, "Less Bang-Bang for the Buck: The Market Approach to Crime Control," *Policy Review* (Winter 1992), 56–60.

Drug testing

Drug testing is a proven tool to discourage drug use by individuals in treatment and those in the criminal justice system. Good treatment programs require testing regularly and apply sanctions against individuals who are caught returning to drug use. Drug testing arrestees provides a basis for using bail, sentencing, release conditions and other aspects of the criminal justice system to compel individuals to stop using drugs. Including an extended period of regular testing after convicted drug-using offenders complete their sentences, discourages a return to drug use and crime.

Positive drug tests must involve steadily escalating penalties (starting with a one or two-day return to jail or a half-way house and moving to reincarceration for an extended period). Most heavy drug users pass through the criminal justice system and any short-term costs of creating temporary detention facilities for the enforcement of a drug testing program will save larger costs to the community in repeated criminal justice expenditures on the same individuals and the damage their crimes do to the innocent.

A public service challenge for local media

The news media brought home to Americans the dangers of illegal drugs in the latter part of the 1980's. It also provided hundreds of millions of dollars in public service messages designed to discourage drug use. Local media can play a crucial part in helping communities do what needs to be done today.

Local media should bring public attention to bear on open-air drug markets. Where are they? How many are there? And most importantly, why are they allowed to continue in operation?

Local media should help their communities understand the elements of effective drug prevention programs for young people and where such efforts are being done well and where they are being done poorly in their cities and towns. Is teenage drug use going up or down? How are the drugs that threaten children entering the community and what can be done to stop them? How can parents get reliable drug prevention information for their children?

What is the drug treatment situation in the community? Which programs have a proven record of success and which are wasting resources? What types of community support would help make treatment and rehabilitation more effective? Where can people go to get help?

Many communities have created partnerships between the media and police to publicize wanted criminals and receive tips from citizens that help in their apprehension. These partnerships should be expanded. Investigative reports on the major groups or gangs supporting the local drug trade—identifying their membership, where do they operate, and what law enforcement needs to learn about them to put them out of business—can stimulate vital community support for effective enforcement. Such reporting also is vital for providing citizens with the information they need to hold their local officials accountable for curtailing the drug trade in their communities.

CONCLUSION

The Clinton Administration has turned its back on the drug problem and taken actions that undermine achievements in prevention, interdiction, and enforcement. The administration's promise to reduce drug addiction utterly fails to address the problems in the drug treatment bureaucracy; problems that have brought fewer and fewer results despite more and more spending. If the nation is to prevent a return to the levels of drug use of years past, local communities must take the necessary steps to drive the drug problem from their neighborhoods: make sure children are taught by word and example that drug use is wrong and harmful; close open-air drug markets; make drug testing a cornerstone of drug treatment and the sanctions of drug users entering the criminal justice system; and local media should systematically, and regularly, report on the state of the local drug war, informing citizens on what needs to be done—and how—to overcome drug use and drug trafficking.

Thank you.

AUTOBIOGRAPHY

John P. Walters has just become president of the New Citizenship Project, an organization created to advance a renewal of American institutions and greater citizen control over our national life.

Last year he was a visiting fellow at the Hudson Institute, writing and speaking about anti-drug policy. Prior to that, Mr. Walters was appointed by President Bush

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and confirmed by the Senate as Deputy Director for Supply Reduction in the Office of National Drug Control Policy (ONDCP) on April 30, 1992. Mr. Walters was responsible for developing policy and coordinating all law enforcement-related efforts essential to removing the supply of illegal drugs and assuring the implementation of the supply-related objectives of the National Drug Control Strategy. He served as the senior advisor on national security matters related to drug control and senior liaison to the White House and all executive departments.

Prior to his appointment as Deputy Director, Mr. Walters served as Chief of Staff and National Security Advisor to the Director of ONDCP from the Office's inception in 1989. From November 1990 to March 1991, Mr. Walters served as Acting Director of ONDCP, overseeing both the international and domestic anti-drug functions of all Executive Branch agencies to ensure that such functions sustained and complemented State and local anti-drug efforts. As Acting Director, Mr. Walters made recommendations to the President regarding changes in the organization, management, and budgets of all Federal Departments and agencies engaged in the anti-drug effort.

Mr. Walters was a creator of the Madison Center, a public policy organization devoted to advancing improvements in education and related fields, including early childhood education and drug abuse prevention. Mr. Walters served as Executive Director from September 1988 to January 1989.

From 1985 to 1988, Mr. Walters worked at the U.S. Department of Education, serving as Assistant to the Secretary and Secretary's Representative to the National Drug Policy Board and the Domestic Policy Council's Health Policy Working Group, as well as Chief of Staff and Counselor to the Secretary in 1988. Mr. Walters served as Acting Assistant Director and Program Officer in the Division of Education Programs at the National Endowment for the Humanities from 1982 to 1985.

Mr. Walters has also taught political science at Michigan State University's James Madison College and at Boston College.

A Michigan native, Mr. Walters received his B.A. degree from Michigan State University, and received his M.A. from the University of Toronto. John, his wife Mary McGarry Walters and their daughter Michaela, reside in Washington, D.C.

The CHAIRMAN. We are adjourned.

[Whereupon, at 2:55 p.m., the committee was adjourned.]

APPENDIX

QUESTIONS AND ANSWERS

RESPONSES TO QUESTIONS FROM SENATOR HATCH TO LEE P. BROWN

Question 1. Director Brown, I am concerned that the Administration's drug policy lacks focus and consistency. I do not blame you. I think that you have tried admirably to articulate a policy. But I do not think you are getting the support you deserve from the Administration. That is why I supported the increased powers of your office included in the crime bill. I would like to ask you about your involvement in some recent Administration actions which impinge on drug policy.

(a) First, as you know, the crime bill includes provisions which purport to "reform" mandatory minimum sentencing in certain drug cases. Now, I have supported true mandatory minimum reform, which would return discretion to judges to sentence below mandatory minimums in very limited cases where the defendant is a first-time offender who did not own or sell the drugs involved in the offense. The recently-enacted crime bill, however, went much farther than this, with the active support of the Administration. It permits drug dealers with prior criminal records to benefit from reduced sentences. The President's own front line prosecutors, the Assistant United States Attorneys, expressed concern that this provision would hamper their ability to prosecute drug cases. Yet the President and the Attorney General supported this provision, and even supported the unsuccessful attempt to apply it retroactively.

Director Brown, were you or your office consulted on this issue? Do you concur with the apparent view of the rest of the Administration that mandatory minimum sentences for drug dealers are overly harsh?

Answer (a). The Administration engaged in an elaborate interagency review to develop the positions it forwarded to the Congressional conferees on the Crime Bill. I have been consulted throughout the process of determining the Administration's position on criminal laws which impact narcotics policy.

The Administration has never categorically opposed mandatory minimum sentences. In fact, the Administration believes that serious drug offenders deserve serious punishment. In supporting the "three strikes and you're out" provision in the recently enacted Violent Crime Control and Law Enforcement Act of 1994, we supported one of the toughest mandatory minimums to date for certain repeat violent and serious drug offenders.

We have severity in sentencing for drug offenses; now we need certainty. During the 1980s the Congress enacted a multitude of mandatory minimums that have ensured that drug penalties are some of the toughest sentences in criminal law. The Administration has supported and aggressively enforced these laws. We have, however, actively sought to increase the certainty of punishment through programs like Drug Courts and Boot Camps. Such programs allow us more punishment options sooner, so that younger drug-using offenders can be punished, and treated if necessary, at the time of their first encounter with the criminal justice system as opposed to waiting until a more serious crime has been committed.

The Administration did in fact support the so-called "safety valve" or "carve out" to mandatory minimum sentences which is applicable to first time non-violent and cooperative drug offenders. This is not a fundamental reform of mandatory minimum sentences but permits judicial discretion for a small number of low-level of-

fenders. The Administration did *not* support the retroactive application of this safety valve. In the letter to the Congressional conferees on the Crime Bill, the Administration said: "* * * we urge adoption of the Senate's position that does no extend retroactive application of this "carve-out."

Question (b). Second, you will recall this past summer that the Department of Defense, on the advice of Justice Department attorneys, halted the practice of assisting Colombia and Peru in the radar tracking of aircraft involved in drug trafficking. The rationale for halting this intelligence sharing was that such assistance would leave Defense Department officials open to prosecution if a civilian drug trafficker's plane was shot down. Apparently, as a *Wall St. Journal* editorial opined, it was contemplated that the Clinton Justice Department might prosecute officials of the Clinton Defense Department in such a case. [*WSJ*, 7/22/94, p. A10.]

Director Brown, were you or your office consulted about the implications of this dispute for U.S. drug policy? If so, were you consulted before or after the intelligence cut-off? Do you believe that halting information sharing was an appropriate step, or that any possible harm to U.S. interdiction efforts was justified?

Answer (b). The United States has consistently opposed the shoot down of an civilian aircraft in the past. In 1990, when the Government of Colombia suggested that it wanted to use the information provided by the United States to shoot down civil aircraft suspected of transporting drugs, the United States made an *oral demarche* to the Government of Colombia, informing that government that such use of the information could result in the suspension of intelligence sharing.

Policy changes by both Peru and Colombia, announced earlier this year, regarding the use of U.S. intelligence necessitated a review of United States information sharing with those two governments. The announcement by the Government of Colombia that it would use information or other assistance furnished by the United States to force down civilian aircraft suspected of transporting narcotics squarely raised the question of the extent to which the United States could continue to provide assistance to such programs with respect to United States laws and past policy pronouncements. In light of these concerns, the Department of Defense (DoD) suspended a variety of assistance programs on May 1, 1994.

On June 22, 1994, I anncunced that the Administration decided to ask the Congress to enact legislation that would permit the President to waive existing criminal code provisions on acts of violence against civilian aircraft if the President determines that a country faces a national security threat from drug trafficking in illicit drugs, and that the country has appropriate procedures in place to protect innocent aircraft. This change in past policy recognizes the extreme narcotics trafficking situation faced by Colombia and Peru, while insisting on procedures to protect innocent aircraft.

On July 5, 1994, I transmitted draft legislation to the Speaker and the President of the Senate on behalf of the Administration. The substance of the Administration's proposal was enacted as part of the Fiscal Year 1995 Defense Department Authorization Bill which was signed into law by the President on October 5, 1994.

I do not believe that the suspension of real-time intelligence sharing with Peru and Colombia has harmed our interdiction efforts. A letter report from the General Accounting Office (GAO) to Rep. Alfred McCandless, dated August 16, 1994, concluded, as did findings by DoD and the Department of State, that while the methods of operation of the traffickers changed to less evasive practices during the period of suspension of intelligence sharing, and the number of flights increased between May and June, the actual number of suspect flights between Peru and Colombia during June and July were comparable to March and April, when the radar was on. In addition, based on price/purity data we have not ascertained any increase in the availability of cocaine in the United States as a result of the suspension of intelligence sharing.

Question (c). Third, a recent article in Legal Times asserts that the Justice Department's new authority to grant monies under the Crime bill has spurred infighting and turf battles. [Klaidman, "Crime Bill Passes, Bureaucracy Masses," *Legal Times*, 9/19/94.] While the crime bill gives grant authority to the Attorney General, you are the Administration's leader on drug policy as embodied in Executive Order 12880, and you have cabinet status equal to General Reno. Have you been consulted on how drug-related grants made under the crime bill will be awarded?

Answer (c). The Administration has engaged in an interagency review to determine the appropriate implementation process on how drug related grants will be awarded under the recently enacted Crime Bill. I have had the opportunity to convey my recommendations, both in terms of policy and personnel, to both the Attorney General and Associate Attorney General John Schmidt who is in charge of the implementation of the Crime Bill.

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Question 2. Director Brown, this Administration's effective repeal of mandatory minimum sentences for many drug dealers and drug traffickers, and its emphasis on treatment, drug courts, and alternative sanctions are evidence of an Administration perception that there are a high number of people in federal prison for drug offenses who should not be there. Yet in a just-released Department of Justice study comparing state and federal inmate populations, the Department found that the average amount of drugs involved in federal trafficking offenses was 6 pounds of heroin, 2 pounds of crack cocaine, 183 pounds of (powder) cocaine, or 3.5 tons of marijuana. Director Brown, do you believe this level of criminal activity, where large amounts of drugs are involved warrants tough punishment?

Answer 2. As noted above, this Administration has never categorically opposed mandatory minimum sentences. In supporting the "three strikes and you're out" provision in the recently enacted Violent Crime Control and Law Enforcement Act of 1994, we supported one of the toughest mandatory minimums to date for certain repeat violent and serious drug offenders.

We have severity in sentencing for drug offenses; now we need certainty. During the 1980s the Congress enacted a multitude of mandatory minimums that have ensured that drug penalties are some of the toughest sentences in criminal law. The Administration has supported and aggressively enforced these laws. We have, however, actively sought to increase the certainty of punishment through programs like Drug Courts and Boot Camps. Such programs allow us more punishment options sooner, so that younger drug-using offenders can be punished, and treated if necessary, at the time of their first encounter with the criminal justice system as opposed to waiting until a more serious crime has been committed.

This Administration believes that serious drug offenders deserve serious punishment. The quantity of narcotics involved should be one element of determining the severity of that punishment, along with violence and other circumstances surrounding the offense.

Question 3. It has now been just over a year since you released your first drug strategy, the so-called interim strategy, and almost nine months since the release of your first full strategy last February. You set some goals in those documents. While I understand that you may not be completely prepared to talk about specific numbers, I wonder if you could give us a sense of the progress the Administration is making on its goals of reducing hard-core users and casual users by five percent each?

Another of your goals was to target 140,000 hardcore users for rehabilitation. Is that still your goal? Do you believe that is realistic?

At the Drug Strategy Hearing last February, you testified that there are 2.7 million hard-core drug users in this country. It only takes a moment with a calculator to figure out that 140,000 is just over 5 percent of 2.7 million. So, in order to reduce hard-core use by the target 5 percent, you will have to be just better than unerringly and completely successful in treating 140,000 of the nation's most hardcore addicts. Director Brown, do you believe it is reasonable to anticipate 100 percent success?

Answer 3. The goals of 5 percent reduction in hardcore, chronic use and 5 percent reduction in casual use are ambitious; but they are attainable with full funding of the President's drug control budget. These goals were set to provide my Office and Federal drug control agencies with consistent guidance and to provide the American people with measures by which to hold us accountable.

Unfortunately, however, Congress did not provide funds to fully implement the National Drug Control Strategy. As you know, we sought an additional $355 million for our hardcore treatment initiative in Fiscal Year 1995, sufficient to provide treatment for 74,000 more chronic drug users. However, the House-Senate appropriations conference provided only $57 million for treatment, far less than what is needed.

As to progress since February of this year, the 1994 Strategy budget is a Fiscal Year 1995 budget. As you may know, the most recent household survey data showed no changes in use between 1992 and 1993. In any event, no changes in either direction could be attributed to a budget just now beginning to be allocated.

ONDCP's goal continues to be the provision of treatment for 140,000 hardcore users. The reasons for pursuing the hardcore drug treatment initiative are even stronger now.

Hardcore users continue to drive the demand for drugs. They use over two-thirds of the cocaine although they number less than a quarter of the user population. And information on the 600,000 heroin users shows similar behavior. Heroin addicts are increasing their use.

Reduction in demand for drugs requires reduction in the hardcore user population. And reduction in this population will be accomplished most cost-effectively

through drug treatment. For this reason, drug treatment for hardcore users must remain the central initiative in the National Drug Control Strategy.

As you understand, 100 percent success is extremely unlikely, and unnecessary to reach our goal. The record of drug treatment effectiveness is quite clear. The recent CALDATA study of 150,000 treatment participants in California—more than half of whom left treatment after a month—demonstrated a 40 percent decrease in drug and alcohol use, which in turn yielded a more than 66 percent decline in criminal activity.

Simply getting these people into treatment makes an immediate and significant difference. Keeping them in treatment for an extended period, which the President's drug budget is designed to do, will result in lasting benefits. The impact of drug treatment is cumulative, and I am confident that, given the resources requested, we can attain the goals set in the Strategy.

Question 4. Director Brown, how do you view the character of the nation's drug problem today, in light of this data, and please review for us how the Administration has addressed this recent reversal.

Do you have any preliminary indication of what the numbers for the current year will show or whether they will demonstrate a continuation of these disturbing trends?

Answer 4. Illicit drug use continues to be one of the nation's most serious problems. While much progress has been achieved in reducing current (past month) or "casual" drug use, much remains to be done to reduce the prevalence of chronic, hardcore drug use. To address the problems you highlight, in the *1994 National Drug Control Strategy,* we responded by placing a higher level of emphasis than previous drug control strategies on reducing illicit drug demand. Prevention efforts targeting casual users were maintained, with funding at record levels, and there was substantial emphasis placed on a number of new demand-focused efforts. Most significantly, appropriate focus and increased emphasis was placed on targeting chronic, hardcore drug users since it is that pattern of drug use that constitutes the bulk of illicit drug demand and creates the preponderance of crime, health, and other negative social consequences.

As a Nation, we have made considerable progress in reducing the number of casual drug users, that is, those who use illicit drugs once a month or less, and who have yet to cross the line into drug dependency. Most of these casual users use only marijuana. Despite the upsurge in the use of cocaine, especially in the form of crack, during the 1980s, both marijuana and cocaine use are now reported to be substantially lower than when they were at their peak in the 1970s and 1980s. Another major concern today is the disturbing evidence of two new trends: a growing use of heroin, especially via inhalation and snorting, and a reemergence of illicit drug use among our youth. While still relatively small, these changes and the new users they create present evidence of a new and troubling trend—one that could threaten our progress against casual drug use. Clearly, a greater frequency in patterns of casual use can ultimately evolve into an upsurge in the numbers of chronic, hardcore drug users and the problems they create. So we must continue to keep up our efforts at prevention. And we must make sure they are properly evaluated and changed, when needed.

I believe that marijuana use is especially problematic, because it has long been considered a gateway drug. Like alcohol and tobacco, marijuana use can lead to the use of stronger drugs like cocaine and heroin. It is clear that we must take special steps to address the return to popularity of marijuana, as well as the interrelated issue of domestic marijuana production. This will continue to have a high priority under this Administration.

The most recent information suggests that the overall size of the drug-using population appears to have stabilized. However, we still see disturbing indications for the future. I am concerned that casual use is no longer on a downward trend and hardcore use has not declined at all. My greatest concern, however, is the increase in adolescent drug use and the changes in attitudes about the dangers of illicit drug use and about the acceptability of such use. Marijuana shows the most increase; other illicit substances do not yet appear to be following the same track, so are perhaps a less imminent menace. However, increased availability of other illicit drugs—especially of heroin—could further expand the pool of new initiates to the use of illicit drugs. I do not foresee any reversal in these troubling trends in the short term. We must work to revitalize and reinvigorate our prevention programs and give them all the support that is needed. There is no quick fix—but this Administration and my office are aware of what needs to be done and will be working hard to get the job done.

Question 5. Director Brown, you have testified to the efficacy of drug treatment and its cost-effectiveness. You cite a recently released California study, *Evaluating*

Recovery Services: The California Drug and Alcohol Treatment Assessment, which posits that every dollar spent on treatment saves $7 in crime and health care costs. Without endorsing the findings of that particular study, I agree that treatment can be effective. But I question whether a sufficient distinction is being made between treatment for hard-core addicts and treatment for other drug abusers. At the least, a significant measure of the effectiveness of drug treatment would be whether the addict continued to abuse drugs.

Not all studies are quite so optimistic as the California study. A research paper released by ONDCP last year entitled "Characteristics of Heavy Cocaine Users," cited the Treatment Outcome Perspectives Study (TOPS), which showed that for every 10 clients who used cocaine regularly during the year before entering treatment, six clients had returned to heavy use one year after treatment, and eight clients had returned to heavy use within three to five years after treatment. The paper concluded that this data, while worse than some other studies, clearly showed that treated cocaine users are more likely than not to return to drug use.

A Department of Justice Study released October 2, 1994, comparing federal and state inmate populations further suggests an ineffectiveness in drug treatment for criminals. 55 percent of federal inmates and 62 percent of state inmates who used drugs in the month before their current offense had been in drug treatment at some point in their lives. About 9 percent of inmates who used drugs in the month before their current offense also participated in drug treatment in the month before the offense. In addition 46 percent of federal inmates and 51 percent of state inmates who used drugs in the month before their current offense had their last drug treatment while incarcerated.

Finally, according to your Drug Strategy, our history of drug treatment has not been a great success despite increased investment in treatment. While treatment funding nearly tripled from 1988 to 1994[1] the number of treatment slots stayed about the same and the number of persons served actually decreased.[2] Given such sobering data, do you believe increased spending on treatment for hardcore users is preferable to a greater focus on *preventing* casual users from becoming hardcore users?

Answer 5. It is indeed more difficult to treat hardcore, chronic users and addicts than other abusers. The President's drug control budget reflected this both in terms of the extent of treatment an adjunct services envisioned and in terms of the anticipated duration of treatment. In simplest terms, treatment slots for hardcore users are more expensive.

Furthermore, the chronic nature of this disorder means that repeated treatment episodes may well be necessary for many addicts. The simple fact that one episode of treatment seldom converts an addict or chronic, hardcore user to life-long recovery does not mean that treatment is ineffective. It means that a chronic disorder is mastered only with time and hard work.

Regarding treatment effectiveness, the CALDATA study is more significant than the other studies cited. What sets CALDATA apart from other studies is its scale, its scope, and the freshness of its data. 150,000 treatment participants are represented. 83 treatment programs are included. All primary drugs of abuse are addressed. All major modalities are represented (with the sole exception of private, for-profit methadone programs). Public (i.e., "taxpayer ") costs and broader social costs are analyzed. Participants are tracked, from the point of treatment entry in 1992 to a year or more after treatment, providing very recent information on behaviors before, during, and after treatment.

The drop of more than 66 percent in criminal activity, among a population in which less than half stayed in treatment more than a month, is hard evidence both of the link between drugs and crime and the impact of drug treatment on crime.

Those people who are well advanced in both criminal and drug using careers present a significant challenge. The problems involved are, however, amenable to treatment as evaluations of prison programs in New York, Oregon, Delaware, and Wisconsin have demonstrated. The Bureau of Prisons program, one of the best designed programs for those in institutional and community corrections, is also being evaluated; and may serve as a model.

Regarding the suggested choice between preventing casual users from becoming hardcore users and treating hardcore users, no such choice can be made responsibly. In the final analysis, an effective national strategy cannot be accomplished by funding some effective programs at the expense of others. The balanced strategy we seek means giving appropriate weight to each of the demand and supply elements that, in concert, contribute to the comprehensive approach required.

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[1] 1994 Drug Strategy Budget Summary, p. 187.
[2] 1994 National Drug Control Strategy, pg. 103, Table b-8.

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Question 6. You assert that drug courts and community policing will be effective tools in the war on drugs. Now, I support the concept of putting more police on the street. And in theory, I agree that drug courts, if targeted at those defendants who are still indeed treatable, can work. I support efforts to help the treatable receive treatment. I also believe, however, that as these policies are implemented they need to be rigorously evaluated.

What outcome measures will you employ to measure the effectiveness of drug courts and community policing in reducing drug use and drug related crime? And by what criteria will you evaluate whether various treatment programs are successful?

Answer 6. The basic goals and objectives are found in the National Drug Control Strategy. The specific manner in which progress will be measured in each of these areas will be developed during the process of implementation. An important component of any implementation plan will be for the action agency to define what is expected of specific programs and initiatives and to report on progress. The general yardstick by which most measurements will be made is whether or not there is a reduction in the number of drug users—either casual and/or hardcore, depending on the target segment. We expect community policing to have an effect on casual use, as well as on the violence that surrounds the drug market and the general feeling of safety and security in our cities and neighborhoods. The effectiveness of drug courts, which generally have a direct impact on the number of chronic drug users in treatment and on the number of non-violent, first time offenders that are successfully diverted into criminal justice based drug treatment programs, will be measured on the basis of the size of the population they serve and the short and longterm effects of that service, measured by recidivism to criminal activity and/or drug use.

We will also be calling on the Departments of Justice and Health and Human Services, especially SAMHSA and NIJ, to assist us in evaluating these programs. Only by conducting competent evaluations in a timely manner and using the results to modify and refine program design and implementation can be hope to use the limited resources in an efficient and effective manner.

As you know, in the reauthorization of ONDCP in the recently enacted Crime Bill, my office is now required to develop and report on Measures of Effectiveness for the various drug control programs. I anticipate that this process will serve to improve ongoing evaluation efforts.

Question 7. Interdiction is a proven effective drug control strategy. Data from the DEA analyzed for your office show a predictable result: that when concerted, sustained interdiction efforts are undertaken, the result is both an increase in the street price of drugs, particularly cocaine, and a decrease in their street purity. This is simple economics; the law of supply and demand in operation. Equally predictably, as the price of cocaine rises, the incidence of related hospital emergency room episodes drops. [ONDCP briefing, Domestic Cocaine Situation, January 1993]

This implies that an effective method for assisting hard-core users, who are most likely to suffer drug related emergency episodes, is to interdict drugs and reduce the supply, rather than engaging in largely ineffectual treatment efforts for these abusers. This approach also has the side benefit of reducing access to drugs by the casual user as well. Yet the Administration is pursuing a policy of treatment for hardcore users at the expense of interdiction efforts. Why is this?

Answer 7. This Administration is pursuing a comprehensive strategy which requires effective programs supporting both demand and supply reductions efforts. The National Drug Control Strategy Executive Summary states: "This Strategy rejects the false choice between demand reduction and supply reduction efforts. Demand reduction programs—including drug treatment, prevention, and education—cannot succeed if drugs are readily available, and drug law enforcement programs cannot ultimately succeed if the Nation's appetite for illegal drugs is not curbed. Only by working together and dealing with drug use and trafficking in an integrated fashion can the difficult decisions be made about how to best spend the resources that are available."

Recognizing the need for a comprehensive strategy and the link between success in supply and demand programs, our budgeting process has been governed by the principle that we would not fund either the supply or demand program at the expense of the other.

Resources are budgeted for each based on their contributions to our national strategy and its overarching goal of reducing drug use in America.

Such a balanced approach has not compromised the effectiveness of interdiction. The President's Strategy and drug control budget allocated increased funds for drug treatment for the hardcore user, both because this was a neglected area and because

it promises to have the greatest impact on drug use and its related negative consequences.

The Administration intends to continue its international program, which calls for a controlled shift of emphasis, from a previous strategy predominately based on interdiction, to a three pronged strategy that emphasizes:

(1) Assisting institutions of nations that show the political will to combat narcotrafficking;
(2) Destroying the narcotrafficking organizations; and
(3) Interdicting narcotrafficking in both source and transit countries.

Question 8. Back in February you told us you were developing a new survey of hard-core users to give a better measurement tool for tracking the progress of the treatment program. Has this survey been developed? In what ways will it be different from previous methods of measuring treatment success? How will this survey be more accurate?

Answer 8. The purpose of this new survey is not to measure treatment success. The Department of Health and Human Services has several projects in the area of treatment coverage, treatment involvement, and treatment effectiveness underway. While the heavy users survey may lead to more effective treatment, this would only occur because the information provided by the pilot and national surveys have added in a measurable way to what we know about that target group of users.

This survey is being done as a proof of concept and to provide better and more complete demographic data on the heavy user population, as well as to provide information on the size of that population and better ways to identify them and reach out to them for intervention.

As to the survey, the pilot project is well under way, and we expect information from the preliminary analyses to be available early next year. I will provide any information that seems germane to your interests to you, and will arrange for a staff briefing on the design of the project and on progress made in it.

RESPONSES TO QUESTIONS FROM SENATOR GRASSLEY TO LEE P. BROWN

Question 1. For a number of years, casual drug use declined in this country. New reports suggest, however, that the casual use of drugs by eighth, tenth, and twelfth graders has increased. For instance the proportion of eight graders using marijuana is up 50 percent in the last two years. What efforts are being taken to reduce drug use by young people and are they effective?

Answer 1. We are very concerned by evidence of both an increase of drug us by young Americans, and in indicators that our young perceive drug use to be less of a risk than in past years. Both trends have been reflected in our national surveys, and in surveys carried out by non-government organizations, and we believe them to be valid.

Our data indicates that the problem began some years ago. We believe that it is likely to be with us for some time to come. We are certain that we must address it directly and aggressively.

To do so, I called together a group of drug experts at Ann Arbor, Michigan in April to get their views on the motivating factors and underlying causes of increased drug use by secondary school students. In June and July, I met with directly involved Federal agencies, non-Federal organizations and non-government groups, to determine what early actions might be taken to reverse the trend.

The determination of the experts—which parallels our own research—is that we are witnessing a broad-scale change of attitudes that must be met with the broadest and most forceful initiatives of government, non-government groups, and communities alike, if it is to be effectively countered.

In response, we are developing an aggressive strategy aimed at deterring drug use among our young, and at reducing the number of young Americans who now use drugs of any kind. This will include strengthened formal education programs, and prevention programs that involve youth and parents in community settings.

We are also in touch with media representatives, to ask their assistance in transmitting the message that drug use is dangerous, and that it should not be tolerated. And we have asked non-government prevention organizations to work closely with us to develop strategies that can be effective with adolescents.

In addition, I am forming an adolescent prevention council to advise me of new trends, as they emerge, and effective solutions, as they can be found.

We need to involve all our institutions in this effort—Federal and non-federal governments, private sector organizations, communities—and the Congress, too—if we are to be successful.

Question 2. Mandatory minimum sentences are an effective way to fight drugs. They are an important means of having lower level drug criminals provide information to trap major traffickers. Yet, the Administration cut back on certain mandatory minimums and opposed creating additional ones. Why has the Administration taken a hostile position toward mandatory minimums?

Answer 2. This Administration believes that serious drug offenders deserve serious punishment.

The Administration has never categorically opposed mandatory minimum sentences. In fact, the Administration believes that serious drug offenders deserve serious punishment. In supporting the "three strikes and you're out" provision in the recently enacted Violent Crime Control and Law Enforcement Act of 1994, we supported one of the toughest mandatory minimums to date for certain repeat violent and serious drug offenders.

We have severity in sentencing for drug offenses; now we need certainty. During the 1980s the Congress enacted a multitude of mandatory minimums that have ensured that drug penalties are some of the toughest sentences in criminal law. The Administration has supported and aggressively enforced these laws. We have, however, actively sought to increase the certainty of punishment through programs like Drug Courts and Boot Camps. Such programs allow us more punishment options sooner, so that younger drug-using offenders can be punished, and treated if necessary, at the time of their first encounter with the criminal justice system as opposed to waiting until a more serious crime has been committed.

The Administration did in fact support the so-called "safety valve" or "carve out" to mandatory minimum sentences which is applicable to first time non-violent and cooperative drug offenders. This is not a fundamental reform of mandatory minimum sentences but permits judicial discretion for a small number of low-level offenders.

Question 3. The Administration has moved away from interdiction as a means of stopping drug trafficking. Instead, efforts are being made to get the source countries to produce less. What sticks are being held against the source countries? Is aid being threatened to be cut if these nations do not reduce production, for example?

Answer 3. While interdiction remains an important element of our comprehensive strategy, we are shifting the emphasis in our international programs to the source countries in response to the National Security Council's evaluation. The annual certification process provides us with an opportunity to evaluate the performance of the countries receiving counternarcotics assistance, including the source countries. If this evaluation determines that the counternarcotics performance of any of the source countries are inadequate to warrant certification, and no overriding U.S. interest exists, then the penalties mandated by the Foreign Assistance Act (PL No. 87–195) are applied. These penalties apply to most categories of U.S. non-narcotics assistance.

This Administration is applying stringent standards in both its certification process and the granting of national interest waivers. Last year Burma, Iran, Nigeria, and Syria were decertified and Afghanistan, Bolivia, Laos, Lebanon, Panama, and Peru received national interest waivers.

Question 4. During consideration of NAFTA, some NAFTA opponents claimed that NAFTA would result in increased drug importation into the United States. I am sure that we will hear similar arguments made by opponents of GATT.

Do you think it possible that approving GATT would lead to an increased drug presence in the United States?

Answer 4. No, the passage of GATT will not lead to an increased presence of drugs in the United States. Like NAFTA, GATT reduces tariffs and does not relax customs inspection requirements. U.S. customs inspectors will continue to enforce U.S. laws at the ports of entry. Their enforcement activities—arrests and seizures, result from a variety of investigative, intelligence, and inspection programs that will not be affected be the GATT.

Question 5. Heroin use is on the rise. The purity of heroin is also up. And more and more users are inhaling this stronger heroin, perhaps to avoid aids risk from contaminated needles. What is your office doing to combat the increased use and purity of heroin?

Answer 5. Whereas various news accounts over the past year have been tracking what appears to be an increase in the availability of heroin on our streets as a result of lower prices, greater purity, an bumper opium crops coming out of Southeast and Southwest Asia, as well as South America, it is not at all clear that heroin use is in fact on the rise. ONDCP has been long concerned about the seeming re-emergence of heroin in the United States, and we are confronting the potential of such an epidemic through an aggressive strategy of treatment and prevention.

We have made reducing the number of chronic, hardcore drug users—many of whom are heroin users—a prime objective of our Strategy. And the best way to reduce the number of heroin users is through drug treatment, the effectiveness of which has been documented persuasively by a recent report from the RAND Corporation and by the California Drug and Alcohol Treatment Assessment. As you know, we sought an additional $355 million for our hardcore treatment initiative in Fiscal Year 1995, sufficient to provide treatment for 74,000 more chronic drug users. However, the House-Senate appropriations conference provided only $57 million for treatment, far less than what is needed.

We also are working to expand and improve the effectiveness of programs that will help to prevent people—especially young people—from starting to use heroin and other drugs. The President's budget for Fiscal Year 1995 sought to increase funding for prevention by 28 percent—$448 million. Included in the increase was $191 million for Safe and Drug Free Schools and Communities programs. We also are seeking to expand prevention programs targeted at high risk youth.

In addition to these initiatives, the recently enacted Violence Crime Control and Law Enforcement Act of 1994 provides significant new funds for prevention programs, mainly targeted at high risk youth. The Crime Prevention Block Grants, the Gang Resistance Education, and Training Program (GREAT), the Model Intensive Grant Program, the Local Partnership Act, and the Ounce of Prevention Council, all will be invaluable in getting the prevention message to those young people who otherwise would be at high risk of getting involved with heroin and other dangerous drugs.

We are responding to the rising availability of high-purity heroin through our International Strategy, which places greater emphasis on combating the heroin trade. It acknowledges that the heroin problem is different than the cocaine problem due to the fact that it involves a larger geographical area, its smuggling routes traverse virtually all continents, and the trafficking networks are structured differently. Recognizing the complexity of the heroin trafficking problem, the President has directed an interagency review of the threat and asked me to develop a Heroin Strategy which will be completed shortly.

Our International Strategy places greater emphasis on combating the heroin trade. It acknowledges that the heroin problem is different than the cocaine problem due to the fact that it involves a larger geographical area, its smuggling routes traverse virtually all continents, and the trafficking networks are structured differently. Recognizing the complexity of the heroin trafficking problem, the President has directed an interagency review of the threat and our response to it. This review will be completed shortly and will result in the publication of the first Presidential Decision Directive for heroin.

Question 6. LSD usage has also increased. This is not a drug that has received much attention in recent years. Usage by college aged persons is the major reason for the increase. What is your office doing to reduce LSD usage and are its efforts having any effect?

Answer 6. The most recent comprehensive data[1] on junior high school students, high school students, college students, and other young adults indicate that LSD use has risen for the first two groups, while remaining the same or declining for the latter two.

While the numbers remain small, measurable increases among 8th an 10th grade students, coupled with a statistically significant increase for 12th grade students, present reasons for concern, especially due to the declining concern among young people regarding the harmfulness of drugs in general.

Although a separate focus on LSD is not warranted, prevention efforts in general must be increased on all fronts to provide: reduction in risk factors and increase in protective factors; improved knowledge and attitudes about drug or alcohol use; and reduction in drug or alcohol problem behaviors.

As noted above, many prevention experts believe that we are witnessing a broad-scale change of attitudes that must be met with the broadest and most forceful initiatives of government, non-government groups, and communities alike, if it is to be effectively countered. And we are taking such steps:

- We are now developing an aggressive Federal agency strategy aimed at deterring drug use among our young, and at reducing the number of young Americans who now use drugs of any kind. This will include strengthened formal edu-

[1] *National Survey Results on Drug Use from the Monitoring the Future Study, 1975–1993.* Prepared for the National Institute on Drug Abuse by the Institute for Social Research of the University of Michigan. 1994.

cation programs, and prevention programs that involve youth and parents in community settings.

- We are in touch with media representatives, to ask their assistance in transmitting the message that drug use is dangerous, and that it should not be tolerated.
- We have asked non-government prevention organizations to work closely with us to develop strategies that can be effective with adolescents. I am forming an adolescent prevention council to advise me of new trends, as they emerge, and effective solutions, as they can be found.

Question 7. Marijuana usage has increased. Unlike many other drugs, most marijuana in this country is domestically grown. I understand that government efforts to reduce marijuana have been reduced substantially. Isn't it time to change our policy towards marijuana production?

Answer 7. Our policy towards marijuana production is that it is a serious crime that deserves our full and harsh attention. Marijuana is not a "soft" or harmless substance. It is a gateway drug and one whose potency is on the rise and whose effects on the users are substantial. Our policy is firm and we only need to dedicate the resources needed to see it through.

Although Federal funding for marijuana eradication efforts has dropped, overall support for the effort has not decreased. The results of our domestic marijuana eradication programs indicate the following:

- Domestically, Federal law enforcement efforts are resulting in increased marijuana seizures.

  677,280 pounds in Fiscal Year 1991;
  787,391 pounds in Fiscal Year 1992;
  797,236 pounds in Fiscal Year 1993; and
  413,886 pounds in *only* the first 6 months of Fiscal Year 1994.

- DEA'S Domestic Cannabis Eradication/Suppression Program shows continuation of impressive results. At the State and local level:

  392,281,326 plants eradicated in 1993
  450,186,428 plants eradicated in 1994, to date (15 percent increase over 1993)

Such levels of seizure, eradication, and other law enforcement activity represent a significant effort to disrupt the flow of marijuana to our neighborhoods. Efforts to disrupt the operations of marijuana trafficking organizations and individuals involved in production are important because it makes it more difficult for drug organizations to acquire, transport, and sell their product. These efforts impact the price of the marijuana on the street and reduce its availability to those wishing to purchase it.

But law enforcement and eradication efforts alone will not reduce the use of marijuana and other illegal drugs or the crime and violence associated with their usage. It is critical that those addicted to drugs receive treatment and those who do not use are influenced through prevention efforts not to begin using drugs. Only through a concerted effort combining law enforcement, treatment, and prevention programs can we hope to really make an impact on drug use.

Marijuana is the most widely used illicit drug in America today—and it has been for some years. And because the marijuana-using population is so large, even a small percentage increase in the use of marijuana means that large numbers of Americans have crossed the line from not breaking the drug laws to breaking them. And while marijuana may not be as addictive or toxic as cocaine or heroin, its use, especially when heavy, can lead to severe problems with cognitive, personal, and social functioning. Further, the very high, and rising, levels of tetrahydrocannabinol (THC), the major psychoactive component of marijuana, compounds these effects.

Our concern is rising, not falling. Marijuana use, which peaked in the United States in 1979 and, according to most indicators, has declined steadily since. However, over the past few years there are alarming indicators that marijuana is increasing popularity, particularly among teenagers.

Drug abuse, in any form, poses a serious threat to children, families, and communities. But this increase in marijuana consumption is especially troubling because of what it might mean for the near future use of more dangerous drugs. If the changes in both the attitudes about marijuana and its use reflect changing public attitudes about illicit drug use, in general, then we could see a "gateway" effect.

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That is, smoking marijuana or seeing others smoking it could make some individuals more disposed to use other illicit drugs.

RESPONSES TO QUESTIONS FROM SENATOR BIDEN TO ROBERT L. SMITH

Question 1. Mr. Smith and Mr. Allen, would you say that the success of community policing rests predominantly with the community or the police?

Answer 1. This is not an either or proposition. Community policing by its very nature requires a cooperative relationship between residents/business persons within a neighborhood and the police. The police and the community must see themselves as partners in the efforts to control crime and improve conditions that promote a better quality of life within a neighborhood.

Without active community involvement, the police must resort to traditional methods of crime control, i.e., random uniform patrols, use of informants, cost prohibitive stakeouts, saturation of crime areas, use of decoys, use of short-term strike forces, etc. These methods are often effective, but usually only for the short term.

With the cooperation of residents of a neighborhood, longer term successes can be realized. With that in mind, it would seem that the *strongest element* in a community policing strategy is the community. People who live or work in a neighborhood have a vested interest in their neighborhood. They are usually not easily persuaded to undertake a course of action by outsiders who come to their neighborhoods and tell them what their problems are and what they need to do to solve them. This is true whether the outsiders are the police or others.

The police or other governmental representatives can serve as the catalysts to bring people together. Once joint meetings occur, an educational process begins and the community and the police reach a consensus on the problems and how they can most effectively be addressed. It is understood that while the police are addressing problems of a law enforcement nature, members of the community are supporting the police and taking actions of their own to improve other conditions that may not be crime related. Working together, the police and residents of a community represent an unbeatable team.

Question 2. Mr. Allen, some community activists have told me that the crime act is largely irrelevant to their efforts to eradicate drugs and drug crime from their neighborhoods. They emphasize action by the residents of the community to send the message that drug dealers and drug users are not welcome in their areas. They believe that while local police can provide some support, success comes only if the community residents themselves band together and act to eradicate the drug element. Do you agree with that view?

Answer 2. I am in agreement with that statement. Although the crime act may indirectly assist the communities by way of more police and new tools for the police officers, the first line of defense is rarely impacted on a large scale. In Tampa, we have had neighborhoods confront crime in many different ways. Some were successful and others were not. In one neighborhood, the residents rallied and walked with signs and took to the streets to rid the community of the street level drug dealers. This was very effective for them because they banded together and stayed at their task for a long period of time. Since the customers were hesitant to enter the area, the drug dealers moved elsewhere. Although this is just one way to attack a particular problem, it again had its roots in the community.

Some neighborhood efforts are not as successful. In one area, although the citizens asked for help, the results were not positive. This community did not take control of its' own neighborhood, but sat back and waited for other agencies to do it for them. The agencies involved fulfilled the tasks they agreed to perform, but without the residents backing the efforts, it resulted in only short term temporary gains. The community residents must join together to help themselves and have a stake in the results. Only if the people of the community are able to see and be part of the difference will the efforts achieve lasting results.

Question 3. Mr. Smith, do you have any sense of how many new police you will add to Tampa under the crime act and how many police—both new and current—will be assigned to community policing?

Answer 3. The City of Tampa is fortunate in that we were approved for a Police Hiring Supplemental Grant from the Department of Justice in August of this year. We were granted $2 million which will assist in the hiring of 30 new officers. The City of Tampa identified three neighborhoods where these officers will be assigned. Although the Tampa Police Department is committed to a city-wide community policing effort, we believed it best to assign these new officers to specific targeted and manageable areas. One of the key elements of community policing is to assign offi-

cers to neighborhoods for an extended period of time. This is often difficult for departments that are experiencing personnel shortages.

The City of Tampa is evaluating the opportunities provided by the Crime Bill to employ additional officers. However, the matching fund requirement and the requirement to retain these officers beyond the grant period are causing us to move very cautiously.

Question 4. Mr. Smith, how do you plan to implement community policing under the crime act? Can you explain precisely how you intend to use it to fight drugs in Tampa?

Answer 4. The Crime Bill funding will enable us to expand the programs that are already working. The City of Tampa Police Department is considered a forerunner in the community policing concept and practice. We will continue to enhance and expand those programs that are working and strive to implement new and innovative ideas.

In the early 1980's, the department was one of the pioneers of the concept of "Problem Oriented Policing," which many consider to be an earlier stage in the development of community policing. The development of neighborhood "sector officers" proceeded through the middle 1980's while the implementation of the "QUAD" (Quick Uniform Attack on Drugs) Squads and the assignment of neighborhood liaison officers further enhanced our move toward community policing. A strong commitment to the Neighborhood Watch Program, the development of several "Weed and Seed" neighborhoods, and the Mayor's strategy of organizing and empowering neighborhoods have further solidified our commitment to the community policing effort.

Funding under the Crime Bill should permit our community to direct attention to other areas of the criminal justice system that are being neglected to some degree, i.e., creation of crime prevention programs, development of domestic violence intervention strategies, expansion of existing drug treatment and prevention efforts, support for juvenile detention facilities and certain forms of victim support.

With or without the Crime Bill, community policing is a reality in Tampa. However, the funding available in the Crime Bill has the potential to greatly enhance existing efforts and permit the expansion as noted above.

Question 5. Mr. Smith, do you have a drug smuggling problem in Florida? Do you believe interdiction is a federal or state job? Do you support an increase or decrease in federal interdiction efforts? Which would provide greater returns in fighting the drug invasion on your streets, additional federal dollars spent partially subsidizing new local police so that they can chase drugs at the gram or kilo level, or interdiction so that drug shipments may be stopped by the ton?

Answer 5. I believe the interdiction of drugs is tied directly to the security of U.S borders. Therefore, I believe it to be primarily a federal function. Certainly, state and local law enforcement agencies can, and do, share in this function, but it should be primarily a federal responsibility. We believe there should be no reduction in interdiction efforts and furthermore the efforts of the Justice Department, Immigration Service, State Department, and the Military, both federal and state Militaries should be, indeed must be, fully coordinated if we are to achieve any measure of success.

We also believe it is critical to drug control efforts in the Southeast U.S. for the Tampa Bay area to be designated as a High Intensity Drug Trafficking Area (HIDTA). A proposal for such designation has been previously submitted to the proper authorities and we are awaiting a decision on that request. Those responsible for law enforcement within the Central region of Florida are unanimous in their belief that the HIDTA designation and the benefits occurring therefrom will assist our efforts and that of the federal government in eliminating Tampa as a point of importation and distribution of illegal drugs.

Again, this issue cannot be an either or proposition, i.e., either we fight drugs on the street, or we fund interdiction efforts. We must do both. No single strategy will result in a win in the war against drugs. We must utilize every possible intervention, educational and prevention strategy, a variety of enforcement efforts targeting schools, businesses, the streets, the casual user, as well as lower, mid-level and upper level sellers and distributors. We also must utilize proven treatment programs aimed at youth, the casual user and the hard core addict. The money spent on these efforts will be more than off-set by the savings realized in reduced costs of the criminal justice system, social and welfare system savings, and an increase in the productivity of the individuals rehabilitated by such efforts.

Question 6. How would either of you recommend testing the effectiveness of community policing programs? How has Tampa's efforts fared under those criteria?

Answer 6. Certainly declining crime rates, which in effect represent fewer victims, is a basic evaluation method. Initially however, it is not unreasonable to expect up-

turns in crime rates as a city moves toward community policing. As citizens and police get to know each other on a more personal basis, as confidence and/or respect for the police improves, the police encourage crime reporting in order that they have a full understanding of the neighborhood crime problem. Citizens who previously failed to report crime in the belief that it did no good, begin doing so in an effort to cooperate with the police and improve their neighborhood.

In crimes such as the visible sale of street level drugs, the measurement of success is the "absence of street level dealers."

Other ways to evaluate the effectiveness of crime control measures is the use of "before and after" survey instruments, the use of victimization surveys, and the presence or absence of fear on the part of the citizens.

Citizens' use of the streets and public areas for recreational and leisure activities can also be measured before and after crime control measures are implemented.

All such survey instruments must be tailored to the specific neighborhoods affected as crime patterns and the fear and disruption it causes usually affect neighborhoods differently.

In Tampa, there is growing concern for crime, especially the random violence brought about by young teens. Since these offenses are perpetrated by highly mobile groups of young criminals, it requires unique crime control measures; i.e., strike forces, surveillance from aircraft, stakeouts at assembly points, targeting of specific offenders, and the support of prosecutors and juvenile authorities. Officers permanently assigned to specific neighborhoods provide information to these strike forces, help residents harden their houses and businesses, and teach other methods to lessen the residents likelihood of being a victim.

RESPONSES TO QUESTIONS FROM SENATOR BIDEN TO ROBERT L. ALLEN

Question 1. Mr. Smith and Mr. Allen, would you say that the success of community policing rests predominantly with the community or the police?

Answer 1. Community policing should be a joint effort, one that involves both police and residents of that community. Residents should play an active role, not as active as police efforts, but they can become active participants by providing the police walking the streets of their neighborhoods information concerning the criminal activity in their community. Community policing has a greater success rate when neighbors (community) work in cooperative (together) effort and not predominantly police working alone in our communities.

Question 2. Mr. Allen, some community activists have told me that the crime act is largely irrelevant to their efforts to eradicate drugs and drug crime from their neighborhoods. They emphasize action by the residents of the community to send the message that drug dealers and drug users are not welcome in their areas. They believe that while local police can provide some support, success comes only if the community residents themselves band together and act to eradicate the drug element. Do you agree with that view?

Answer 2. I agree somewhat with my fellow colleague. However, the Crime Act is relevant to our efforts to eradicate drugs and drug crime. There are communities who unfortunately do not have community policing or a QUAD Squad (Quick Uniform Attack on Drugs) as the larger cities are enjoying their efforts to fight drugs and other crimes. Without these programs I believe the efforts of fighting these drug problems in rural areas can prove to be a much larger problem than those in larger cities where neighbors (residents) and police work in "cooperative effort." This by no means suggests that larger cities (such as Tampa) has completely eradicated the drugs or drug crime activity in their cities, we must receive additional help through the Crime Act Bill.

Question 3. How would either of you recommend testing the effectiveness of community policing programs? How has Tampa's efforts fared under those criteria?

Answer 3. I recommend you look at the success rate where community policing is a regular and routine part of that city's police department's effort to fight crime.

The City of Tampa has some success and I qualify my answer using my own experience by riding and walking with a team of community police officers known as the X-ray Squad. The officers advise; when they are on foot patrol they are only allowed two-three hours walking time in the community. They contribute this short period of foot patrol to under staffing, having to respond to other districts and report filing. To be a complete success this program needs to be expanded to allow a greater amount of their time on foot while patrolling our communities. If more emphasis were applied to implementing community policing and the Crime Act provided funds

along with community participation, surely this would enhance law enforcement efforts to eradicate drug and drug crime in America.

RESPONSES TO QUESTIONS FROM SENATOR BIDEN TO JOHN RATELLE

Answer 1. Inmate volunteers participate in the Amity program here at the Richard J. Donovan Correctional Facility (RJDCF). There are no specific incentives offered to encourage inmates to participate. The program has been successfully operating at designed capacity of 200 inmates for almost four years. The waiting list of 75–100 inmates attests to the need for this program and the desire of the inmates who volunteer to participate to make significant and demonstrable changes in their lives.

The participants must meet the following criteria:

- Medium custody as determined by classification screening during reception center processing.
- No sex offense involving children.
- Documented history or self-admission of substance abuse.
- No severe psychiatric/psychological disorder.
- No serious assaultive behavior against staff or inmates in the last five years.
- No serious disciplinary rules violations in the last two years.
- No more than nine to fifteen months left to serve on their sentence.

Answer 2. Dr. Harry K. Wexler is conducting a five-year National Institute on Drug Abuse (NIDA) funded evaluation of the Amity therapeutic community here at the RJDCF. The study is looking at one year Post-prison outcome. Preliminary data indicates that 34 percent of the program participants were reincarcerated one year after release from the program and prison as compared to 53 percent of the program dropouts, and 50 percent of the random control group. An analysis of types of crimes committed by program failures is underway and will be sent to you when completed.

Although there is no standard definition of "hard-core addict," I believe that all of the program participants could be considered hard core. An analysis of program residents' background information shows that all participants had extensive drug and criminal involvement.

- All participants have abused alcohol and marijuana. Other major drugs regularly abused were: Cocaine/crack—91 percent, methamphetamines—72 percent, heroin—56 percent, heroin and cocaine together—44 percent, and sedatives, tranquilizers and barbiturates—60 percent.
- Analysis of criminal history shows that: Mean age when criminal activity started was 12.8 years, 72 percent were arrested before age 18 and they were arrested an average of 26.6 times, incarcerated 16.9 times and had spent 75.4 months in jail and prison.

Answer 3. The data presented in Senator Biden's letter referenced treatment programs in state and federal prisons, not therapeutic communities. A very large body of literature has shown repeatedly that therapeutic communities are very effective with all types of substance abusers (including heavy cocaine users), many who have extensive criminal backgrounds.

Studies by Doctor Harry Wexler and Doctor Douglas Lipton have also shown that inmates who spend at least nine (9) to twelve (12) months in treatment demonstrate a significant lower rate of recidivism than inmates who do not receive treatment.

Since many casual users do not become hard core substance abusers, resources which may be spent on this group will probably not reduce crime rates as much as therapeutic communities in prison that have demonstrated effectiveness in prison with hard core substance abusers who are responsible for much of the crime.

ADDITIONAL SUBMISSION FOR THE RECORD

TEMPLE UNIVERSITY,
COLLEGE OF ARTS AND SCIENCES,
Philadelphia, PA, October 4, 1994.

Hon. JOSEPH R. BIDEN, JR.,
Chair, Senate Judiciary Committee,
Dirksen Senate Office Building,
Washington, DC.

DEAR SENATOR BIDEN: As you may know, Adam Gelb spoke with me last week about the possibility of testifying about prevention, treatment and drug courts at the hearings on October 5th. I know that this did not work out in the final schedule for those hearings, but I am grateful for having been considered as a possible resource in this area. Because Mr. Gelb's questions did get me thinking about what I would say in my testimony, I do think there are some important points to emphasize, particularly about the Crime Bill's emphasis on treatment drug courts. I hope you'll allow me to mention a few of them briefly.

The Crime Bill's drug court provision rightfully recognizes one of the most promising recent developments in criminal justice in the United States. Like other aspects of the Crime Bill, the provision supporting treatment drug courts recognizes the need to bring assistance to localities where crime is experienced and where initiatives to address crime are likely to be most effective. Treatment drug courts are an important example of local innovation and collaboration between criminal justice agencies, courts, service providers and community organizations. They were "invented" purely on a local level as a direct response to problems involving drug-related crime. They represent a powerful example of what can be done in jurisdictions to respond to local crime and justice issues. They also represent a major breakthrough of sorts for criminal courts which usually resist innovation and prefer more traditional modes of operation. Despite great odds, treatment drug courts are demonstrating great promise.

It is a fact that the drug court movement grew largely from the efforts of local jurisdictions and, unfortunately, without federal assistance. During very lean times, some hard but useful lessons were learned in the pioneering jurisdictions like Miami, Fort Lauderdale, Oakland, Portland and Las Vegas, to mention only a handful of sites. Careful thought, cooperation and consensus went into the establishment of the first generation courts, at a time when there were no blueprints to follow and providing drug treatment was not a national priority in criminal justice.

In these pioneering localities, small coalitions of agencies and community organizations had to devise creative solutions to challenging issues. They created treatment drug courts to respond to what was identified as a major local need to provide treatment more effectively and directly to drug-involved defendants and offenders—under the supervision and control of the criminal court. The fact also is that neither the treatment nor the criminal court disciplines embraced the notion of treatment drug courts very readily. The concept represents pathbreaking innovation in both domains. The resulting attempts to marry treatment methods to the goals and requirements of criminal processing have shown dramatic promise in many instances.

The prospect of the assistance to be provided by the Crime Bill for drug courts will make a dramatic difference in many jurisdictions where treatment drug courts are struggling to address drug crime and the large volume of criminal cases it generates—often on shoestring budgets with uncertain futures. For these important programs, the Crime Bill will provide needed oxygen that will help them stabilize and become more effective.

The challenge in providing federal support in this area, however, is to bring appropriate resources to these local and now state jurisdictions while encouraging (not smothering) the local initiative that has defined the treatment drug court movement thus far. This should be done through a combination of direct financial support, support for training and education, high quality technical assistance, and evaluative research. The ending program for treatment drug courts should avoid making the mistake of sponsoring funding in a federally "stamped," top-down, prescriptive and formulaic manner that misses the whole point of what treatment drug courts have been and the needs they serve. That is, if possible, the federal approach should seek to nurture this phenomenon of local innovation that has been so fertile precisely because it has grown from the "bottom" up.

The Justice Department ending approach should also insure that jurisdictions receiving support to develop drug courts do not ignore the lessons learned in the field

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so far. There is a growing body of knowledge derived from the experience of what are by now first and second generation treatment drug courts. This knowledge is gleaned from the experiences of existing drug courts as reported at the first national meeting of drug courts held in Miami last December (and described in the conference report), has been illustrated in early research findings, and will be the topic of continuing discussion at the second national meeting of treatment drug courts to be held next January in Las Vegas (not coincidentally the site of one of the first generation courts). The Justice Department's plan to support a drug court resource center will play an important role in this area. The special need for mutual assistance among practitioners involved in drug courts was reflected recently in the formation of the National Association of Drug Court Professionals, whose members include judges, prosecutors, defenders and treatment providers and which is based on the premise that a great deal of knowledge needs to be developed and shared in this area.

Thus, the task ahead for the Department of Justice in supporting worthwhile treatment drug court programs is an important and sensitive one. The issue of the leadership of the drug court funding program is also critical. Ideally, the Justice Department should call upon an experienced judge with recognized leadership in managing a court system and in developing a treatment drug court to head the program office. Hopefully, a nationally recognized judicial leader can insure the credibility and integrity of the funding program, maintain the perspective of local initiative that has shaped the innovation, and implement effective programs of technical assistance, education, training and evaluative research for jurisdictions developing or operating drug courts—all in a way that keeps the overall program above the partisan fray.

With such a recognized judicial leader, funding efforts can recognize and contribute to the growing body of knowledge and growing consensus about effective drug court approaches and could foster local initiative and creativity that can make a difference in addressing drug and crime problems.

Experience and evidence is mounting that the treatment drug court approach can be an effective, safe and fair vehicle for responding to drug-involved defendants and offenders. However, the use of substance abuse treatment in this context is dramatically new. It raises many issues and difficult implementation questions. We need to know more about what works and doesn't work and why. And we need to translate this knowledge into current practice.

At this early stage of development (the treatment drug court movement is five years old), we can also expect some failures—in jurisdictions where local commitment is not developed or programs are not effectively implemented. Even if most of the drug courts are successful, we have to be prepared for some failures. Hopefully, the assistance to be provided through the Crime Bill can keep these less successful experiences to a minimum.

A broad program of research should immediately be undertaken to help identify the strengths and weakness of existing approaches so that the lessons can be shared with the larger community of courts and common mistakes can be avoided. Rigorous evaluations should be considered an essential component of the funding plan so that we can build and disseminate knowledge of how courts effectively deal with the challenges of large populations of drug-involved offenders.

I hope that these thoughts about the support for treatment drug courts to be provided by the Crime Bill are helpful in your deliberations. Please let me know if I can be of further assistance.

Respectfully,

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